

CITY OF NEWARK

**HEALTH**

**REPORT**

**1 9 5 8**

Leo P. Carlin, Mayor  
Newark, New Jersey

Aaron H. Haskin, M.D., M.P.H.  
Director of Health & Welfare

Pascal J. Baiocchi, M.D.  
Health Officer





CITY OF NEWARK, NEW JERSEY  
LEO P. CARLIN, Mayor

DEPARTMENT OF HEALTH AND WELFARE  
AARON H. HASKIN, M. D., M. P. H., DIRECTOR  
DIVISION OF HEALTH  
PLANE AND WILLIAM STREETS  
NEWARK 2, N. J.

MARIANO J. RINALDI  
BUSINESS ADMINISTRATOR

PASCAL J. BAIOCCHI, M. D.  
HEALTH OFFICER

February 1, 1959

Hon. Leo P. Carlin, Mayor,  
Dr. Aaron H. Haskin, Director, Health & Welfare,  
Members of the City Council  
and Citizens of Newark, N. J.

Gentlemen:

As this Report is for my first full year as Health Officer, it is a pleasure to advise that Newark experienced another year of excellent health.

We had no prevalence of major contagion, and all of our health rates continued to be outstanding, particularly Tuberculosis and Infant Mortality, two of the most reliable measurements of public health.

Although we are proud of our Health Program and its results, much credit must be given, as usual, to the co-operation of the general public and the medical profession, as well as to the many private and other public agencies working with us.

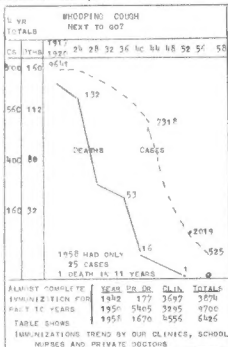
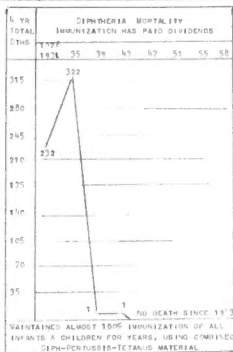
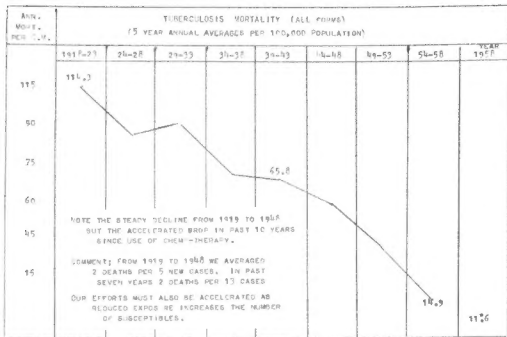
Respectfully,

*Pascal J. Baiocchi*

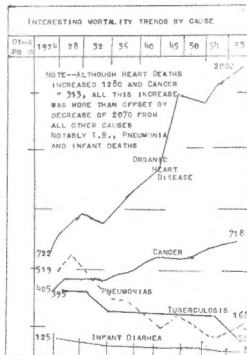
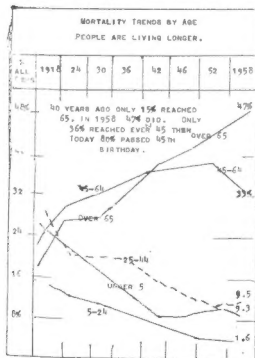
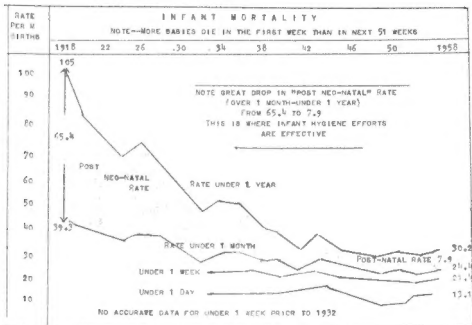
Health Officer

M.D.













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WHAT YOUR  
BUDGET PURCHASES

Some people do not realize the very valuable services paid for by the city out of budget. Too often it is felt that we merely investigate neighborhood nuisances or placard for contagious diseases. Following is some of the work made possible by our budget.

1.1 City - environmental sanitation; for licensing and rabies control; infant boarding home supervision; handling and study of vital statistics and many others; -

B U T   A L S O

- 1 - Medical Care of the poor - Almost \$400,000 is spent for the medical care of the poor - clinic treatments, home calls by doctors and nurses for the sick poor, etc.
- 2 - Disease Control and Prevention - Thousands of screen-testing x-rays and blood tests for early detection of Tuberculosis and Syphilis cases which would be a hazard to the entire public, if not discovered in time, and which can be much more certainly cured in the early stages. Program of isolation and quarantine to control contagion and continual campaign for immunization against diphtheria, Whooping Cough, Smallpox, and recently Influenza and Poliomyelitis.
- 3 - Healthy Babies - Mothers visited monthly to insure proper care, even to instruct in behavior problems which often lead to warped mental developments in adult life. (Anticipatory guidance).
- 4 - School Health - Insure good health and correction of physical defects in 1,000 parochial school children, as is done in the public schools, by the Board of Education.
- 5 - Children's Mental Care - Free treatments in dispensary and nine neighborhood clinics for approximately 6,000 different public and parochial school children unable to pay.
- 6 - Clean Food - Insure maximum sanitation and pure food in every food establishment where the public has no other protection, plus compulsory lectures for every food handler, or employer, to prevent food infections.
- 7 - Milk - Insure a pure supply of milk (2,000,000 quarts per week) and the major food of infants and children. It must be clean, pasteurized and bottled.
- 8 - And still further - Control of Typhoid (week extermination), clean well and poor water; industrial health work in industry. Keeping the public informed as to how each individual can help improve the health of himself, his family and his neighbors.



CITY OF NEWARK, NEW JERSEY  
MAYOR AND CITY COUNCIL (ELECTED)  
ALL CITY FUNDS, ORDINANCES, APPOINTMENTS ETC.

DIVISION OF HEALTH  
ORGANIZATION  
ALL EMPLOYEES - CIVIL SERVICE

DIRECTOR OF HEALTH & WELFARE  
HAS CHARGE OF  
HOSPITALS, RELIEF, HEALTH, ETC

DIVISION ENFORCES ALL  
STATE HEALTH LAWS  
AND ORDINANCES

DIVISION OF HEALTH

HEALTH OFFICER  
EXEC HEAD  
EXECUTIVE DIVISION  
ADMINISTRATION, VITAL  
STATISTICS, EDUCATION  
MAINTENANCE, ETC.

LABORATORIES  
CHEMICAL, BACTERIOLOGICAL, SEROLOGICAL  
SERVES ALL BUREAUS

DISPENSARY CLINICS  
TREATMENT OF INDIGENT PATIENTS  
AND HOME SICK CALLS  
DOCTORS & NURSES

PAROCCHIAL  
SCHOOL  
MEDICAL INSPECTION  
&  
HEALTH EDUCATION

CHILD  
HYGIENE BUREAU  
&  
BABY  
KEEP-HELL  
STATIONS

SANITATION

DISEASE CONTROL

FOOD & DRUG  
CONTROL

MEAT  
INSPECTION

ENVIRONMENTAL  
SANITATION  
&  
DOG CONTROL

DENTAL BUREAU  
TREATS  
MOSTLY CHILDREN

ENGINEERING  
INDUSTRIAL  
HEALTH

CONTAGIOUS DISEASE  
OTHER THAN TB  
OR VENEREAL

CHEST DISEASE  
CONTROL  
&  
CLINICS

OCCUPATIONAL  
CLINIC  
DOMESTIC  
&  
SPECIAL  
GROUPS

VENEREAL DISEASE  
CLINICS & CONTROL



D I V I S I O N   O F   H E A L T H  
Newark, N.J.

Health Officer ----- Pascal J. Baiocchi, M.D.

Asst. Health Officer  
Robert F. Morgan  
Administration

Public Health Engineer  
Jacob M. Block, B.S., M.P.H.

\*\*\*\*\*

Medical and Dental Bureau Heads

Child Hygiene  
Julius Levy, M.D.

Contagion  
Joseph W. Gardam, M.D.

Chest Diseases  
Irving Willner, M.D.

Venereal Disease  
Samuel Jackson, M.D.

Occupational  
William J. Curran, M.D.

Dental  
J. H. Guthrie, D.D.S.

Chief Supv. of Laboratories  
Carl Cordasco, B.S., Ph.G.

Serological Lab.  
Meyer Levy, B.S.

Chemical Lab.  
Sara Rothberg, B.A.

Bacteriological Lab.  
Fred Coltrell

Chief Pharmacist  
Oscar Stevens, Ph.G.

Chief Veterinarian  
John Devine, D.V.S.

\*\*\*\*\*

Supv. Chief Insp. -- Sanitation -- Edward A. Smith

Supv. Chief Insp. -- Contagion -- William S. Jennings

Chief Inspector -- Food & Drug -- David E. Morgan

Chief Inspector -- Meat Insp. -- Joseph Hearl

Supervisor Nurse -- City Disp. -- Sarah Welch, R.N.

Supervisor Nurse -- Child Hygiene -- Edith D'Amato, R.N., B.S.

Supervisor Nurse -- Tuberculosis -- Frances Dlugosz, R.N.

Supervisor Nurse -- Venereal Dis. -- Harry Cohen, M.D., Ph.D., M.P.H.

\*\*Supervisor -- Vis. Health Ed. -- Pierce C. Fellows

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\*\*Peter Coven retired Oct. 28, 1956





## HEALTH REPORT

Newark, New Jersey

Pascal J. Baiocchi, M.D. - Health Officer

Honorable Leo J. Ryan, Mayor - Members of the City Council,  
Director Aaron Edwin, M.D. and Citizens of Newark, N.J.

The City of Newark again continued its good health during 1958, with excellent health rates (Tuberculosis mortality 11.6 per C.M. and Infant Mortality 30.1 per M live births) and a crude death rate, all causes of 11.1. We had no prevalence of major contagious disease. Considerable credit is again due the cooperation of the general public and the medical profession, as well as many private agencies working with us.

There were 1971 deaths from all causes including 1021 non-resident deaths (mostly in Newark hospitals), compared with 5296 deaths in 1957, a decrease of about 6%. Based on an estimated population of 247,000, this gives a crude mortality rate of 11.1 per 1000, which is below the normal for the past eleven years. Most major causes of death decreased: Pneumonia-all forms, 48; Apoplexy 27; Bright's Disease 40; and even Organic Heart Disease 35.

Organic heart causes about 10% of all deaths and, of the 2007 such deaths, 1 out of 6 had passed their 65th birthday. With the reduction in other causes and prolonged life, this deterioration type cause is found to increase. Most encouraging total was Tuberculosis (all forms) with 52 deaths, the lowest ever recorded.

There were 13,619 births or a crude rate of 70.4 per M, the first drop since 1950. This rate usually increases during war-time and then tapers off. Since this last war, however, we have continued a high rate. As Newark has many non-resident births in our hospitals, the adjusted rate is lower. (see statistical tables).

### ITEMS OF SPECIAL INTEREST

#### Tuberculosis Mortality

The 52 deaths and a rate of 11.6 per CM is the twelfth consecutive new low record. Treatment of bed-rest, nutrition, hospitalization and lung collapse, steadily reduced this rate from 185 in 1918 to 59.3 in 1946. In the past twelve years, a further reduction of 80% must surely be due to use of so-called "wonder drugs". In measuring the health of a community, Tuberculosis mortality is one of the first rates to consider as it is so directly affected by poor living conditions, malnutrition, over-crowding, low income and general health knowledge by the



## Tuberculosis Mortality (cont'd)

...like. It is also one of the conditions which can be so greatly benefited by a good health program. Fortunately, the disease requires frequent intimate exposure to spread, but surely in overcrowded alleys and tenements, such intimate contact must be increased. The rate is, therefore, always higher in such sections. That explains why it is higher among Negroes in large Northern cities, due to unfortunate housing handicaps.

The rate among Negroes in Newark, had been reduced through properly directed effort from 284 in 1942; 187 in 1947, and 24.0 in 1958, a reduction of 85% in 15 years.

## Infant Mortality

Infant mortality, like tuberculosis mortality is an excellent measuring rod of Public Health work. There were 439 deaths under one year, among 17,150 births or a rate of 32.2 per 1000 births. When Child Hygiene work started in this department 40 years ago, the rate was over 100. Had that rate continued there would have been 1,400 baby deaths last year instead of 439.

The bulk of this mortality reduction has been intestinal, contagion and respiratory diseases. Intestinal causes averaged 220 deaths a year, today less than 4 or 5. Respiratory averaged 200 per year; today 35. Congenital deaths of infants numbered 150; today only 15. Neonatal conditions has decreased much less, from 38 per 1000 to just 27. As one third of baby deaths occur the first day of life, and the next six days, infant hygiene can do little with those babies. The rate for deaths over 1 month under 1 year is only 7.3 per 1000. We call that the post-neonatal rate; forty years ago it was 65.4.

## Care of Sick Poor

One of the fields of public service carried out by the Health Division, but not realized by many, is care of the sick poor. 20% of our budget, \$40,000 is used for this purpose. We provide all of that work either in hospital care. We paid for 5358 home calls by physicians and 148 home calls by nurses for which we pay the M.D. doctor calls \$5.00 for day calls, 6.00 for night calls and \$3.00 for each nurse call.

We conduct dispensary living treatment for practically every communicable condition. 36,356 different patients made 81,612 visits and are given 21,404 free prescriptions. These figures do not include venereal disease or tuberculosis patients. Dental clinics serve not only adults, but also all poor children in both Parochial and Public Schools, in 9 neighborhood clinics.

## Infant Welfare

(Child Hygiene) Our Child Hygiene nurses made 90,872 home calls at which they not only see that mothers have pediatric service, either home or one of our Baby Stations, but also instruct as to diet,



## Infant Welfare (cont'd)

sanitary feeding, immunization and other physical needs, and instruct mothers in properly handling behavior problems which, if not handled intelligently, could often lead to a verbal delinquency and warped adult personality. They supervised 17, 05 babies. We also license and supervise all boarding homes for infants.

## Food Handler Lectures

To prevent food infections, we not only inspect all food places, but we have a compulsory food-handling lecture course (4 one hour lectures) which must be taken by employers and employees. About 1,000 food handlers each year attend--10,000 already took it.

## Spanish Speaking (for Porto Ricans)

The increase in Spanish speaking families mostly from Porto Rico, prompted a large group of our health nurses to voluntarily take a course in Spanish, paying their own fees. We are proud to have that type of employees. The recent influx of Porto Ricans, has been such that we estimate there are 17,000 in Newark at this time. It is based on the fact that we are supervising over 2,000 new born Porto Rican babies each year.

## Polio Vaccination

With the development of Salk Vaccine for Polio, we started a program to secure its maximum use, co-operating with schools and in our own clinics with 46,000 injections in 1956; 67,765 in 1957 and 50,228 in 1958, including 15,465 third dose injections.

## Slum, Plumbing & Industrial

In 1958, 90% and the bulk of our environmental sanitation staff were transferred to a central Division of Inspections which had their own specialized sanitary inspections, etc. We still retain a small staff to handle no time sanitary violations and 2 Industrial Inspectors who had staffs to report back.

## Low Infant Mortality

The infant mortality rate in 1958 was 11.1 or a crude rate of 11.1 per M or per 1,000 live births, compared with 9.96 last year. As a result of the efforts of the city committee, non-resident deaths for the city of Newark are not of town. If we subtract the non-resident deaths, we have an adjusted rate of 8.9 compared with 9.5 in 1957.

The following table shows the estimated population, crude deaths and rate, as well as a crude death rate since 1940. Our goal for estimate remains 17,000, in spite of a large natural increase (10% over deaths) since the 1950 Census. We know that most of this increase has been offset by exodus to the suburbs.



# CITY OF NEWARK ADJUSTED DEATH RATES

<u>Year</u>	<u>Pop. In 1000's</u>	<u>Crude Deaths</u>	<u>Crude Rate</u>	<u>Adjust. Deaths</u>	<u>Adjust. Rate</u>
1940	429	5,025	11.7	4,761	11.1
1941	429	4,983	11.6	4,415	10.3
1942	429	5,090	11.9	4,659	10.8
1943	440	5,523	12.6	5,043	11.5
1944	440	5,052	11.6	4,535	10.3
1945	443	5,141	11.6	4,586	10.4
1946	443	4,937	11.1	4,395	9.9
1947	445	5,097	11.2	4,411	9.9
1948	445	5,222	11.7	4,382	9.8
1949	443	5,086	11.5	4,229	9.5
1950	443	5,126	11.5	4,292	9.6
1951	443	5,161	11.5	4,249	9.6
1952	440	5,411	12.3	4,515	10.2
1953	440	5,387	12.2	4,389	10.0
1954	443	5,089	11.5	4,027	9.1
1955	443	5,192	11.7	4,097	9.2
1956	443	5,041	11.4	3,995	9.0
1957	447	5,296	11.8	4,250	9.5
1958	447	4,971	11.1	3,950	8.9

## Principal Causes of Death

The major causes of Newark deaths, including non-residents and the known deaths of new comers dying from Tuberculosis in out of town sanatoria were as follows:

		<u>1940</u>	<u>1953</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
Per 1000	--	1728	1963	2018	1971	2042	2007
Cancer	--	795	828	743	706	762	718
Apoplexy	--	478	493	398	542	557	535
Congenital Deb.	--	301	299	359	387	365	377
Ineu & Resp Dis.	--	258	228	324	333	386	310
Bright's Dis. Neph.	--	249	241	222	190	218	178
Tuberculosis	--	211	97	68	72	72	52

## Tuberculosis

The 52 Tuberculosis deaths of all forms was a mortality rate of 11.6 per 1000 when we started our control efforts about 40 years ago that rate averaged 200. Had that rate prevailed, we would have had 894 such deaths this year instead of 52. It is particularly encouraging inasmuch as a steady but slow drop for many years has accelerated with a 75% drop since use of chemotherapy started, only ten years ago. Our field nurses give home injections to non-ambulatory needy patients.





### Heart Disease

The major cause of mortality is naturally, Organic Heart disease, with a decrease, or 1/3 of all causes, a decrease of 35 from 1957 to 1964. The latest 1971 record can be little question to the cause of the increase in recent years, is due to the increased life span. In all state lists, 1192 of the heart deaths, or 60% of them, are over 60 years of age. Increased tempo in living habits, particularly the family contribute. The last world war brought it to a low point of 663 in 1948. It dropped for some duration of the depression and hit it to another new high of 1047 in 1957. Another projected another new peak of 1975. It dropped in 1966 to 1967, but as the noted, world tension and, of course, older age has brought it up a gain.

### Longer Life - Age at Death

Life span in longer is indicated by study of age at death. In 1958, 1964 (497) deaths had reached 45 years of age or 80%, compared with only 27%, thirty years ago. This year 2368 were over 65 or 47% compared with only 22% thirty years ago.

### Typhoid Fever

The former major cause of illness and mortality is worthy of mention. Before improved water and milk sanitation, it was a serious problem. We have had no typhoid death in twelve years, and only 17 cases in that time. All of these were shown to be out-of-town infections.

### Diphtheria and Immunization

Immunization with the combined diphtheria, Whooping Cough and Tetanus material, continued to show results. No diphtheria cases for the sixth year, and only 25 reported whooping cough cases. Whooping Cough prior to immunization had a mortal prevalence of several hundred cases per year, yet we have had only 87, 110, and 25 cases in the past three years. This may not entirely be due to total prevention, but due to their reduced severity, that hundreds of cases do occur with symptoms so mild as to escape detection. Intensive studies of all cases by the health department have proved this reduced severity.

Diphtheria was not prevalent for the second year with 6247 cases. There were no reported cases of infantile Paralysis. It is almost certain that there could have been a far greater prevalence if our milk vaccine program had not been well under way. Of the 54 cases, 46 had no immunization injections. Of the 8 others, two had had only two injections, and the other two cases which had two injections each, had only a slight paralysis in one leg.

The diphtheria record now shows no death in fifteen years, and no case in six years. This disease formerly averaged 1000 cases and 20 deaths per year. Our infants and pre-school children maintain 100% immunization and our re-immunization every three years in school until twelve years of age.



Scarlet Fever case fatality is worthy of noting. Although in 1911 there were 20 cases per year, we have had only one death from this disease reported in the past 30 years. That disease, some 30 years ago, caused 19 deaths per thousand cases.

### Maternal Mortality

There were seven maternal deaths out of 13,615 births, or a rate of .051 per thousand live births. There was one puerperal septicemia in 1911, and in only five years in seven years. Maternal mortality has been decreased 90% since the Medical Society formed a Maternal and Child Association to cooperate in this work with us some twenty years ago, (see index, Puerperal Deaths).

### Birth Statistics

There are 1,611 births or .051 per thousand, the lowest recorded in the hospital center, lower than 1911 non-reporting, and lower than in any other hospital in the city. The birth rate, however, is not so low as it appears, for in 1911, the birth rate, or an estimated rate of 3.8 per thousand, the following table shows a comparison since 1911 compared with 1911. Note the drastic change in 1911, from 3.8 per thousand for deliveries, to 1.0 per thousand of a total birth rate, including stillbirths, the rate of deliveries is still falling. If we add stillbirths to the rate, there were 1.0 per thousand, which seems about the 1911 rate, but, about 1.0 per thousand reported as illegitimate.

Total births	13,615	White	8,998	Still births	281
Males	7,576	Negro	4,594	Illegit.	1,012
Females	7,121	Yellow	23		

Year	Total bths.	Crude rate	Adj. bths. no. rate	%	%	%
1911	13,615	30.8	9300	20.9	1.0	1.0
1912	13968	31.7	9050	20.6	1.0	1.0
1913	14116	32.1	9321	22.1	1.0	1.0
1914	14404	32.5	9708	21.9	1.0	1.0
1915	14343	32.4	9847	22.2	1.0	1.0
1916	14605	32.9	10003	22.6	1.0	1.0
1917	14697	32.9	10463	23.4	1.0	1.0
1918	13615	30.5	10206	22.8	1.0	1.0



### Accident Deaths

There were 19 accidental deaths, seven more than last year. Accidental deaths have been steadily dropping from 1943 when we had 306 to a low of 179 in 1954. Falls are the cause of half the accidental deaths. Auto and motorcycle deaths stayed at 57, but higher than average for the previous ten years.

### Accidental Deaths by Principal Causes since 1943

Year	Total	Auto & Motor	Acc Falls	Burns	Asph Red'dg	Carb Monox	Brown-ings	Heat exh.	Ill. Gas	RR& Bus	Wire	Misc
1943	304	90	87	19	6	-	13	4	23	9	9	44
1944	270	77	92	14	3	-	5	7	26	5	9	32
1945	271	57	107	13	9	3	4	1	23	6	11	37
1946	234	66	90	12	8	3	5	1	13	2	8	26
1947	200	36	79	7	12	1	7	1	17	5	18	17
1948	212	40	78	11	12	1	18	8	14	2	10	18
1949	174	33	76	2	13	3	5	4	12	-	9	16
1950	194	40	84	10	4	3	9	-	13	5	9	17
1951	191	45	85	17	1	-	11	-	7	7	3	15
1952	226	50	90	9	4	-	8	29	9	1	8	18
1953	228	50	96	6	4	-	7	15	1	3	28	18
1954	179	35	90	8	6	2	3	-	8	2	17	9
1955	180	46	85	13	4	-	5	2	1	3	8	14
1956	195	67	80	8	10	5	2	-	1	5	10	7
1957	189	57	86	7	5	1	2	2	2	-	17	10
1958	195	57	101	1	3	-	4	-	1	1	18	9



## NEGRO HEALTH STATISTICS

The 1958 estimated Negro population is 100,000. Formerly estimated as approximately 10% of the total population, we learned by the official 1950 Census that the figure was 75,266 that year. In the following table we have adjusted our previous estimates gradually from 1936 to 1950 to give a correct story. Allowing for natural increase (births over deaths) which is 22,000 since 1950, we are certain that present population would be at least 97,000. We are quite sure, however, that the official census figure was low, particularly in the congested over-crowded sections. This is also confirmed by the birth rate for example. That is why we used 90,000 for our 1957 estimate and are using 100,000 for 1958, and will use 110,000 for 1959.

A study of the past 20 years is remarkable and indicates excellent results of concentrated effort. In this group, due to unfortunate housing handicaps, we find the same high disease and mortality rates as would be natural in any sub-par or slum section. We find, however, that Tuberculosis mortality, the most directly affected by overcrowding and economic conditions, has been decreased from 388 per 1000 to 24.0 or a phenomenal drop of over 90%. Infant mortality, in twenty years has fallen from 89.5, to 50.7 or a 45% reduction.

The mortality rate from all causes dropped from 18.8 in 1936, to 10.6 in 1958, almost 50% reduction. For several years the rate has been about the same as for the total population. There were six puerperal deaths out of 4617 births, or 1.3 per 1000 deliveries including one septicaemia death, the first in ten years.

Negro births totaled 4617 or a crude rate of 46.2, strengthening our conviction that the population estimate is still too low and justifying 110,000 for 1959.

Year	Pop in 1000's	Deaths Mort		Births Birth		TB Mort		Infant Mort	
			rate		rate	deaths	rate	deaths	rate
1936	42	789	18.8	883	21.0	163	388.1	79	89.5
1938	43	690	16.0	997	23.2	131	304.7	62	62.2
1940	40	695	17.7	1043	26.1	138	345.0	74	70.9
1942	44	721	16.4	1177	28.3	125	284.1	69	54.5
1944	50	679	13.0	1326	25.4	119	229.1	76	57.3
1946	60	678	11.3	1595	26.6	122	203.3	67	54.5
1948	68	805	11.7	2225	32.7	103	151.5	123	55.3
1950	73	845	11.1	2344	30.9	98	129.0	118	40.9
1951	78	826	10.6	2590	33.2	83	106.4	109	42.1
1952	80	896	11.2	2659	31.9	79	98.7	153	57.5
1953	80	907	11.3	2917	36.5	49	61.2	119	40.8
1954	80	878	11.0	3245	40.6	36	45.0	149	45.9
1955	83	976	11.8	3630	43.7	43	51.8	172	47.4
1956	85	921	10.8	4021	47.3	35	41.2	189	47.9
1957	90	1105	12.3	4419	49.0	47	52.2	197	44.5
1958	100	1056	10.6	4617	46.2	24	24.0	234	50.7





## Administration

Robert P. Morgan, Asst. Health Officer

The Administrative Bureau supervises the functions of the entire Division for the Health Officer. This includes Vital Statistics, Accounting, Insurance and Licensing, Health Education and Publicity, Personnel Records and Management, Reproduction of forms and reports, Divisional Instructions and Health Reports.

## Vital Statistics

During 1954, the Health Officer was officially made registrar of Vital Statistics instead of the City Clerk as heretofore, and a staff of clerical workers was transferred to the Health Division.

This small group received 13,615 birth, 4971 death and 4189 marriage certificates during the year. They prepare reference cards for each, micro-film all of the, send the original certificates to the State Dept. of Vital Statistics. All birth and death certificates are also put on I.R.M. sorting cards to assist in preparing studies and reports. Individual birth records are prepared and delivered by our Child Hygiene nurses, without charge. Photostat copies of out-of-town births and deaths must also be sent to the city of residence.

Birth permits are issued and many old records are made by request. This is often a slow procedure. Prior to micro-filming, such data was copied in pen and ink in old bound books, most of which were rapidly deteriorating, but have now been micro-filmed which will require 5% of the space needed for the books and save hours of time looking up old records.

The requests for old records such as births or deaths, is in addition to routine work outlined above. During 1958 more than 27,000 such requests were made and records issued with actual cash receipts of \$2,500. The fees for records was increased in 1957 from 1.00 to 1.50 per record, and .50 for each burial or removal permit, both formerly free.

Many free records are supplied for veterans, school verification and official agencies.

## Visual Health Education

Health education work is aided through the following media; talking and process films, lantern slides and motion pictures; production of poster and brochures such as a series on home safety and motion on New York's Health Department, and health exhibit displays. These films and slides are used by our lecturers before Civic Clubs, N.Y.C. and other groups. We also operate a foodhandling lecture course (4-one hour lectures) which is compulsory for all foodhandlers including management.

## Maintenance

Heat, heating and general maintenance is provided for our Main Building, 3 annexes and considerable maintenance for 24 outside health stations and neighborhood clinics. It provides elevator operation, night watch service, etc.



### Legal Work

Hilton Goodman A.B., LL.B.

Comp. Proc. Officer

Although the City Law Department handles legal work for all city departments, our work is greatly aided by our processing officer who is a lawyer with much legal experience. He is present at all preliminary hearings before the Health Officer. After both sides are heard at these hearings, time is often prevented and necessary court cases are considerably reduced in number.

During 1949, 1,141 cases did go to court including cases for the Inspection Division of the City. In addition to abatement secured, \$22,735. in penalties was collected.

### Health Engineering

Jacob Block, B.S., M.P.H.

Our public health engineer acts as the Consultant to the Health Officer in the many engineering phases of our work in the various bureaus. He also actively supervises several projects:

Occupational Medical and Nursing Program: The two nurses survey medical, nursing and health promotion programs in our many industrial and commercial establishments. They make recommendations to improve conditions where necessary, make consultations with management, plant doctors and nurses, distribute literature and posters, and enforce provisions of the Industrial Hygiene ordinance. In addition, they take an active part in:

- A. Case finding programs for Tuberculosis, Venereal Disease and Diabetes, by means of x-rays, blood and urine tests.
- B. Immunization programs by vaccination against Polio-myelitis and Asian Flu.

The nurses made a total of 14,000 visits to industry during the year as follows:

Plant Surveys ----- 445

Follow-up (recom.  
comply. notices, etc.) ----- 374

Other visits - misc. ----- 135

#### Plants

	<u>Contacted</u>	<u>Cooperated</u>	<u>Employees</u>	<u>Processed</u>
Chest X-Ray Program	144	19	8346	3946
Polio Program	337	6	9878	432

Recommendations including many of a nature not involving ordinance violations, totalling 1,427, of which 217 were complied with.



#### Acweed and Poison Ivy Control:

It is sprayed with 0.1% solution of 2, 4D and 2,4,5 T respectively. In 1956 our pollen count was second to that of Jersey City which had the lowest counts for those communities in New Jersey which determined atmospheric concentration. The 1958 state-wide data compiled by the State Health Department is not yet available.

An appeal, distributed as an enclosure with the tax bills, was sent to all property owners, requesting them to clean up their lots, back yards, curbs and walks as their contribution to hay fever, poison ivy and dermatitis control. The response to this appeal was not overwhelming.

#### Wells:

A survey of wells was completed in 1956 and a proposed ordinance based on the findings therefrom is under consideration. This is the second year of the operation of our new swimming pool ordinance and rules. Air pollution is a problem, weekly inspections which include pool water for residual chlorine and pH. The pool waters are also sampled for bacteriology.

As a result of these tests in 1957, we recommended that all the city-operated swimming pools be closed until such time as the quality of water returned could be accepted. It was necessary to keep them closed the entire season. The repaired recreational installations and changes were made so that this year they were once more in use but they now contain safe water.

The construction of two more indoor swimming pools by social agencies started late this year.

#### Air Pollution:

Pollution of the air in Newark from its numerous industrial and other activities has been under attack for a long time. A new and ambitious control ordinance was adopted this year. Its enforcement, however, lies within the scope of the Division of Inspection, although the police powers of the Health Officer have not been appropriated in respect to disease prevention and health protection.



1956

Personal Services(salaries)  
445 employees.....\$1,818.816.  
Other than personal  
services..... 194,160  
Total 2,012,976

1957

Personal Services(salaries)  
448 employees..... 11,694.592  
Other than personal  
services..... 175,554  
Total 1,870.146

Type of expenditures, other than salaries

	1956	1957		1957	1958
Tr. and auto	13000.	16873.	In service Training	1740.	1627.
Nat'l. ex. trits	13875.	17738.	Carfare-Travel Allow.	9936.	14845.
Drugs-Chemicals	32346.	36247.	Milk-Feed Samples	1201.	1011.
Clin-Surg Supply	2966.	4255.	Cleaning Hith Stas.	2981.	3542.
Dent. Equip-Sup.	2718.	2960.	Furn.&Clin. Equip.	4441.	11922.
Lab. Equip. Sup.	15361.	8234.	Light & Heat	10644.	10850.
XRay Film Sup.	7135.	7737.	Janitor supplies	3238.	3112.
Tele Service	9454.	9700.	Rent. Annex. & Stas.	15324.	18118.
Postage	4298.	4300.	Print. & Stationery	13348.	11500.
Radio & Flu Vac.	4177.	1730.	Misc'l.	6631.	7659.
			Totals	175554.	2194160.

RECEIPTS

Note: These receipts are deposited with City as Misc'l. Receipts and are not reflected in our Budget.

RECEIPTS:

Chicken, Animal, etc.... : 916.40

RECEIPTS:

License fees.....	174.00
Registration.....	1400.00
Offense tickets.....	12.00
Milk-Feed Samples.....	1011.00
Carfare-Travel Allow.....	60.00
Live Poultry.....	30.00
Inspection Fees.....	7.00
Lab. Fees Out-of-town x.....	607.00
Med. Lic. New York Fees.....	27.14
Police fines.....	290.20
Police fees (1 oct).....	11.00
Police fees (all tax).....	21.38
Police fees (all tax).....	135.00
Police fees (all tax).....	2.00
Total.....	17449.82

Fees for birth, death and marriage records ... 57520.21

Total..... 70069.83

DAIRY INSPECTION ACCOUNT

A separate "Dairy Inspection Account" is kept for costs of out-of-town inspections. Dealers pay such costs as travel, hotel, meals, etc. They maintain a balance at all times.

Expended 1958	Expended 1957
\$21,397.74	\$20,708.18
Balance on hand 1/1/59:	\$12,857.89

DOG CONTROL ACCOUNT

A separate "Dog Control Account" is also kept. Dog license receipts maintain the fund which pays all costs except salaries, for dog trucks, rabies vaccination fees, equipment, etc.

RECEIPTS

11,351 Dog Lic.....	225,539.75
9 Pet dogs.....	90.00
4 Kennel Lic.....	40.00
507 Dogs Admitted.....	947.00
Total Receipts	226,616.75

DISBURSEMENTS

State Fees.....	2,840.00
Shelter Rent.....	11,199.96
Vaccination Fees.....	2,200.00
New truck & body.....	2,694.98
Kate, hoops, traps.....	200.44
Temp.....	500.00
Printing.....	72.13
Misc'l.....	25.00
Total Disbursements.....	21,546.01
Balance on hand 1/1/59...	5,070.74





# MORTALITY TRENDS FOR 50 YEARS

YEAR	POPULATION 1,000'S	CRUDE DEATHS	CRUDE DEATH RATE PER 1000	RATES PER 100,000		
				SCARLET FEVER	TYPHOID FEVER	DIPHTHERIA
1907	300	5,724	19.08	13.7	23.0	31.7
1908	305	5,200	17.07	29.2	11.5	21.6
1909	311	5,529	17.77	22.5	12.5	38.5
1910	347	5,161	16.64	11.2	12.7	29.9
1911	352	5,317	15.16	5.0	10.5	21.0
1912	370	5,123	14.65	3.0	7.0	20.6
1913	380	5,562	14.63	6.9	7.9	26.0
1914	395	5,809	14.70	6.8	6.6	10.4
1915	375	5,182	14.30	1.6	2.9	13.1
1916	385	6,157	16.50	1.7	6.0	14.8
1917	405	6,205	15.30	0.7	4.2	12.3
1918	430	8,483	19.72	2.6	3.5	19.1
1919	410	5,534	12.57	2.7	2.0	11.3
1920	414	5,551	13.40	2.9	1.9	14.9
1921	425	4,774	11.24	5.9	2.8	10.4
1922	432	5,209	12.06	3.5	2.8	16.9
1923	449	5,221	11.67	1.1	2.5	7.7
1924	446	5,004	11.22	1.8	2.7	8.7
1925	453	5,110	11.67	2.0	1.1	9.3
1926	450	5,150	11.85	1.3	1.5	4.6
1927	467	5,064	10.90	2.6	1.3	13.3
1928	74	5,512	11.63	1.3	1.0	20.0
1929	480	5,632	11.74	0.8	0.6	20.0
1930	440	5,259	11.92	0.7	0.2	10.9
1931	445	5,073	11.40	2.0	4.5	3.6
1932	450	4,682	10.40	0.7	0.9	0.5
1933	452	4,000	10.01	0.9	0.5	0.2
1934	454	4,764	10.49	0.4	0.2	0.2
1935	455	4,994	10.97	0.2	0.0	0.2
1936	457	5,331	11.68	1.5	0.2	NONE
1937	458	5,061	11.00	0.2	0.0	0.2
1938	458	4,970	10.85	0.2	0.4	0.2
1939	459	4,854	10.58	0.9	0.9	0.2
1940	429	5,025	11.71	NONE	NONE	NONE
1941	429	5,120	11.62	NONE	NONE	NONE
1942	429	5,256	11.86	0.2	NONE	NONE
1943	440	5,702	12.55	0.2	NONE	0.2
1944	440	5,201	11.68	0.2	NONE	NONE
1945	443	5,292	11.69	0.2	0.4	NONE
1946	423	4,937	11.64	NONE	NONE	NONE
1947	415	5,097	11.54	NONE	NONE	NONE
1948	445	5,087	11.43	NONE	NONE	NONE
1949	443	4,983	11.25	NONE	NONE	NONE
1950	443	5,126	11.57	NONE	NONE	NONE
1951	443	5,161	11.46	NONE	NONE	NONE
1952	440	5,411	12.14	0.2	NONE	NONE
1953	440	5,387	12.18	NONE	NONE	NONE
1954	443	5,089	11.49	NONE	NONE	NONE
1955	443	5,192	11.74	NONE	NONE	NONE
1956	443	5,041	11.38	NONE	NONE	NONE
1957	447	5,296	11.85	NONE	NONE	NONE
1958	447	4,971	11.12	NONE	NONE	NONE



## OTHER INTERESTING HEALTH TRENDS 1918 - 1958

## ALTERNATE YEARS TO 1938

YEAR	DEATHS UNDER 1 YR.	INFANT MORTAL- ITY**	BIRTHS	BIRTH RATE	DIARR. DEATHS UN. 5	T.B. DEATHS*	T.B. OTH. RATE	DIPH- THERIA DEATHS	TYPH. OTH.	BRITIS. DIS. DEATHS	ORG. HEART DEATHS
1918	1215	104.7	11,575	27.0	131	798	185.6	82	15	629	633
1920	994	84.7	11,734	22.3	244	540	130.4	62	8	507	492
1922	825	74.2	10,993	25.4	167	428	99.1	73	12	346	61.0
1924	746	65.2	11,449	25.7	132	392	87.9	39	12	399	729
1926	753	71.9	10,460	22.7	128	421	91.5	21	7	331	948
1928	626	63.8	9,802	20.7	78	412	86.9	95	5	298	1002
1930	512	52.2	9,784	22.2	45	445	101.0	48	1	244	1005
1932	371	42.3	8,746	19.4	16	360	80.0	2	4	242	958
1934	342	45.2	7,565	16.7	23	317	69.8	1	1	227	1082
1936	332	45.9	7,236	15.8	16	346	75.7	0	1	214	1162
1938	310	39.1	7,936	17.3	12	287	62.7	1	2	149	1201
1939	303	38.1	7,950	17.3	20	277	60.3	1	4	154	1240
1940	300	35.1	8,538	19.9	14	309	71.9	0	0	124	1370
1941	318	32.6	9,765	22.8	13	274	63.9	0	0	222	1330
1942	352	29.3	12,016	28.0	12	288	66.1	0	0	223	1756
1943	367	30.9	11,856	26.9	15	294	66.8	1	0	276	1975
1944	373	34.7	10,792	24.5	23	257	58.4	0	0	271	1944
1945	390	34.7	11,254	25.4	10	247	55.8	0	2	274	1764
1946	416	30.9	13,427	30.3	3	261	59.0	0	0	245	1663
1947	429	29.2	14,710	33.1	13	259	58.2	0	0	281	1724
1948	388	28.3	13,703	30.8	2	232	52.1	0	0	276	1804
1949	389	29.0	13,409	30.3	11	211	47.6	0	0	249	1726
1950	357	27.1	13,174	29.7	8	209	42.2	0	0	246	1862
1951	379	27.0	14,020	31.6	2	169	38.1	0	0	259	1815
1952	405	29.0	13,968	31.7	6	152	34.5	0	0	238	1857
1953	364	25.8	14,116	32.1	6	97	22.0	0	0	241	1963
1954	412	28.6	14,404	32.5	12	68	15.3	0	0	213	1936
1955	426	29.7	14,343	32.4	13	68	15.3	0	0	222	2018
1956	448	30.7	14,605	32.9	2	72	16.2	0	0	190	1921
1957	443	30.1	14,697	32.9	5	72	16.1	0	0	218	2042
1958	439	32.1	13,615	30.5	8	52	11.6	0	0	178	2007

INCLUDES NEWARK RESIDENTS WHO DIED OUT-OF-TOWN \*\*FOR NEO-NATAL RATE SEE (OTHER MORT. TRENDS).

## 1958 DEATHS FROM SELECTED CAUSES BY AGE (% OF TOTAL FOR CAUSE)

CAUSE OF DEATH	TOTAL	UNDER 5	%	5-24	%	25-44	%	45-64	%	OVER 65	%
TOTAL (ALL CAUSES)	4971	508	10.2	74	1.5	425	8.6	1596	31.9	2368	47.8
PNEU. & OTHER RESP.	311	62	19.9	8	2.6	31	10.0	89	28.6	121	38.9
T.B. ALL FORMS	52	2	3.8	1	1.9	11	21.2	22	42.4	16	30.7
BRIGHT'S DISEASE	178	2	1.1	5	2.8	19	10.7	64	35.9	88	49.5
CANCER	718	3	0.4	6	0.8	67	9.3	325	45.3	317	44.1
APROPLEXY	535	2	0.4	1	0.2	50	9.3	193	28.6	329	61.5
ORGANIC HEART DIS.	2007	3	0.1	9	0.4	108	5.4	695	34.7	1192	59.4
ACCIDENTS	195	20	10.2	18	9.2	28	14.3	39	20.1	90	46.2



TOTAL DEATHS BY AGE GROUPS 1918 - 1958

YEAR	TOTAL DEATHS	UNDER 1 YR.	1 AND UNDER 2	2 AND UNDER 5	TOTAL UNDER 5	5-14	15-24	25-44	45-64	OVER 65
1918	8484	1215	433	494	2082	314	260	2308	1754	1245
1919	5534	862	190	186	1238	249	345	1204	1326	1122
1920	5551	934	253	192	1439	220	327	1644	1379	1145
1921	4776	837	136	134	1107	194	248	910	1256	1061
1922	5209	822	198	166	1186	232	268	925	1414	1124
1923	5221	756	163	136	1055	196	305	872	1503	1290
1924	5111	746	130	139	1015	199	268	975	1470	1184
1925	5447	746	132	144	1022	206	273	1018	1640	1288
1926	5606	753	167	158	1098	156	277	1015	1618	1442
1927	5296	636	109	112	857	210	277	974	1724	1254
1928	5735	626	156	186	968	245	304	1002	1794	1422
1929	5857	594	104	152	850	192	308	1162	1768	1577
1930	5447	512	83	119	714	188	327	1037	1788	1393
1931	5306	490	64	98	652	172	252	1025	1747	1458
1932	4850	374	41	73	485	128	228	890	1677	1442
1933	5128	356	68	96	520	141	215	914	1775	1563
1934	4921	342	54	54	450	117	192	824	1779	1559
1935	4996	417	46	60	523	117	190	864	1788	1514
1936	5331	332	45	45	422	116	208	861	1892	1832
1937	5256	287	51	61	400	115	202	812	1877	1850
1938	5116	310	29	45	384	86	179	751	1845	1871
1939	5005	303	23	24	350	97	168	704	1777	1909
1940	5207	300	26	33	359	55	162	703	1934	1988
1941	5127	318	30	34	382	62	138	639	1948	1958
1942	5256	352	25	36	412	50	151	682	1935	2025
1943	5702	367	24	44	435	66	148	660	2074	2313
1944	5201	375	24	29	428	67	113	618	1904	2071
1945	5292	340	24	31	445	75	124	564	1933	2151
1946	5078	416	14	31	461	51	112	561	1810	2083
1947	5238	429	24	33	486	32	98	591	1898	2153
1948	5222	388	22	21	431	29	73	502	1949	2237
1949	5086	389	22	28	439	33	86	472	1825	2231
1950	5209	357	22	24	403	25	84	515	1928	2254
1951	5161	379	19	29	427	38	56	495	1855	2290
1952	5411	405	15	28	448	37	61	538	1956	2372
1953	5387	364	24	33	421	39	55	493	1906	2473
1954	5089	412	22	29	465	24	46	456	1788	2309
1955	5192	426	27	29	482	33	54	460	1768	2395
1956	5041	448	17	23	490	42	62	417	1672	2358
1957	5296	443	22	27	492	34	50	498	1776	2446
1958	4971	437	39	32	508	33	41	425	1596	2368

NOTE: TOTAL DEATHS INCLUDE ALL DEATHS IN NEWARK, BOTH RESIDENT AND NON-RESIDENT, AS WELL AS DEATHS OF NEWARKERS AT OUT-OF-TOWN INSTITUTIONS.



**DEATHS AND DEATH RATES - BY CAUSE AND COLOR - 1957 - 1958**

	TOTAL				NEGRO			
	1958		1957		1958		1957	
	RATE	DEATHS	RATE	DEATHS	RATE	DEATHS	RATE	DEATHS
TOTAL - ALL CAUSES	11.1	4971	11.8	5296	10.6	1056	12.3	1105
DIABETES MELLITUS	34.6	23	8.7	39	3.0	3	3.4	3
SEPTICEMIA	1.9	9	3.3	15	3.0	3	3.4	3
PERITONITIS	7.4	33	8.5	38	6.0	6	10.2	9
LEUKEMIA	6.9	31	7.8	35	4.0	4	3.4	3
PULM.EMB. & INFARCTION	10.7	48	12.1	54	5.0	5	8.0	7
INFANTILE PARALYSIS	0.4	2	0.0	0	2.0	2	0.0	0
TYPHOID FEVER	0.0	0	0.0	0	0.0	0	0.0	0
ERYSIPELAS	0.0	0	0.0	0	0.0	0	0.0	0
MEASLES	0.0	0	0.0	0	0.0	0	0.0	0
TETANUS	0.0	0	0.0	0	0.0	0	0.0	0
SCARLET FEVER	0.0	0	0.0	0	0.0	0	0.0	0
DIPHTHERIA	0.0	0	0.0	0	0.0	0	0.0	0
WHOOPING COUGH	0.0	0	0.0	0	0.0	0	0.0	0
INFLUENZA	0.4	2	0.4	2	0.0	0	1.1	1
EPIDEMIC MENINGITIS	0.2	1	0.4	2	0.0	0	0.0	0
OTHER EPID. DISEASES	0.0	0	0.0	0	0.0	0	0.0	0
TUBERCULOSIS (LUNG)	11.0	49	14.1	63	22.0	22	45.5	41
" MENINGITIS	0.2	1	.9	4	1.0	1	3.4	3
" OTHER FORMS	0.4	2	1.1	5	1.0	1	3.4	3
CANCER-MALIGNANT TUMOR	160.6	718	170.4	762	167.0	107	99.8	89
SIMPLE MENINGITIS	0.4	2	2.7	11	2.0	2	6.2	6
APPOPLEXY-SOFT. OF BRAIN	114.7	535	124.6	557	109.0	109	125.0	124
ORGANIC HEART	449.0	2007	452.3	2042	288.0	288	349.0	314
LOBAR PNEUMONIA	8.3	37	12.8	57	15.0	15	23.5	22
BRONCHO PNEUMONIA	29.3	131	35.6	159	48.0	48	62.0	56
OTHER RESPIRATORY	31.4	142	38.3	170	34.0	34	33.5	31
DIS. OF STOMACH	6.5	29	7.8	35	1.0	1	3.5	4
DIARRHEA (UNDER 5 YEARS)	1.8	8	1.1	5	4.0	4	3.5	4
APPENDICITIS & TYPHILITIS	0.0	0	.4	2	0.0	0	0.0	0
HERNIA & INTEST. DIST.	6.3	28	9.2	41	5.0	5	0.0	0
CIRRHOSIS OF LIVER	16.5	74	16.8	75	9.0	9	12.2	11
BRIGHT'S DIS. & NEPHRITIS	39.8	178	48.4	218	48.0	48	59.0	53
DIS. OF WOMEN (NOT CANCER)	0.2	1	0.2	1	1.0	1	0.0	0
PUERPERAL SEPTICEMIA	0.2	1	0.0	0	1.0	1	0.0	0
OTHER PUERPERAL DISEASES	1.3	6	1.1	5	5.0	5	3.4	3
CONGENITAL DEF. & MALF.	84.3	377	81.7	365	188.0	188	170.5	154
OLD AGE	0.0	0	0.9	4	0.0	0	0.0	0
ACCIDENTS	43.6	195	42.3	189	51.0	51	56.5	51
HOMICIDE	9.4	42	8.9	40	33.3	33	30.0	27
SUICIDE	6.5	29	6.5	29	2.0	2	8.9	8
ILL DEFINED CAUSES	8.7	39	12.3	55	21.0	21	28.9	26
ALL OTHER CAUSES	42.7	191	48.5	217	37.0	37	54.5	49

NOTE: NEGRO RATE BASED ON 90,000 POPULATION IN 1957 AND 100,000 IN 1958.

NOTE: ABSENCE OF CONTAGIOUS DISEASES AS CAUSE OF DEATHS.





## DEATHS BY SPECIAL CAUSES

	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949
TOTAL - ALL CAUSES	3971	5296	5041	5192	5089	5387	5411	5161	5213	5086
DIABETES MELLITUS **	23	39	36							
SEPTICAEMIA **	9	19	12							
PERITONITIS **	33	38	25							
LEUKEMIA **	31	38	34							
PULM. EMBOLISM & INFARCT. **48		54	56							
INFANTILE PARALYSIS	8	0	0	3	2	0	3	1	4	5
TYPHOID FEVER		0	0	0	0	0	0	0	0	0
ERYSIPELAS		0	0	0	0	0	0	0	0	0
MEASLES		6	0	0	1	0	1	0	0	0
TETANUS		0	0	0	0	0	0	0	0	0
SCARLET FEVER		0	0	0	0	0	1	0	0	0
DIPHTHERIA		0	0	0	0	0	0	0	0	0
WHOOPING COUGH		0	0	0	0	0	1	0	0	0
INFLUENZA	1	2	1	0	1	5	2	3	1	0
EPID. MENINGITIS CER. SPIN.	1	2	2	3	1	1	2	2	0	4
OTHER EPIDEMIC DISEASES		0	1	0	0	0	0	0	0	0
TUBERCULOSIS (LUNGS)	49	63	60	58	59	78	134	142	184	188
" (MENINGITIS)	1	4	8	2	5	12	8	12	7	10
" OTHER FORMS	2	5	3	8	4	7	10	15	18	13
CANCER & MALIGN. TUMOR	718	762	706	743	789	828	789	795	791	795
SIMPLE MENINGITIS	2	11	7	11	12	10	10	8	11	6
APLOPHY-Soft. BRAIN	535	557	542	598	424	494	494	399	428	478
DIPHTHERIC HEART DISEASE	2007	2042	1921	2018	1934	1963	1857	1805	1862	1728
LOBAR PNEUMONIA	37	57	50	57	55	46	61	53	75	57
BROCHO PNEUMONIA	131	159	125	93	91	77	87	78	88	94
OTHER RESPIRATORY	142	170	158	178	104	185	138	121	106	167
DISEASES OF STOMACH	29	35	20	46	54	32	31	42	22	43
DIARRHEA UNDER 5 YRS	0	5	3	13	13	6	6	2	8	11
APENDIC. & TYPHILITIS		2	3	4	6	7	11	6	6	19
MERIA & INTEST. OBSTR.	28	41	34	33	50	42	56	41	31	40
CIRRHOSIS OF LIVER	74	75	83	81	83	94	70	69	71	59
BRIGHT'S DIS. & NEPHRITIS	178	218	190	222	213	241	238	259	246	249
DIS. OF WOMEN (NOT CANCER)	1	1	1	-	3	2	1	1	2	1
PERIPERAL SEPTICAEMIA	1	0	0	0	0	0	1	0	0	1
OTHER PUERP. DISEASES	6	5	3	6	13	10	15	7	10	14
CONG. DEF. & MALF.	377	365	387	359	323	299	317	322	293	301
OLD AGE	0	4	7	3	3	1	6	8	19	6
ACCIDENTS	195	189	195	180	180	228	224	191	194	174
HOMICIDES	42	40	27	38	41	32	34	26	19	28
SUICIDES	29	29	39	34	30	41	32	39	59	46
ILL DEFINED	39	55	51	37	37	65	53	64	60	36
ALL OTHER CAUSES	191	217	275	270	542	662	716	658	598	572
CRUDE DEATH RATE PER M	11.1	11.8	11.4	11.7	11.5	12.2	12.1	11.5	11.6	11.2

\*\* PREVIOUSLY INCLUDED WITH "ALL OTHER CAUSES"



DEATHS IN ONE YEAR BY CAUSE OF DEATH 1915 - 1958 (ALTERNATE YEARS)

YEAR	MEASLES	BROU-CHITIS	PNEUMONIA	MENINGITIS	DIARRHOEA	OTHER INFECT. DISEASES	CONGENITAL DEFECTS	ALL OTHER	TOTAL
1918	33	84	156	30	273	83	442	112	1213
1920	16	57	143	19	191	66	402	100	994
1922	14	44	128	11	153	22	352	98	822
1924	4	38	106	17	115	24	356	86	746
1926	17	18	142	5	102	16	383	70	753
1928	11	8	97	12	68	19	356	55	626
1930	4	9	95	10	33	10	278	73	512
1932	0	2	67	5	13	12	232	40	371
1934	0	2	52	5	23	2	221	37	342
1936	0	5	51	10	13	9	202	42	332
1938	0	3	40	3	10	10	211	33	310
1940	0	1	26	4	14	0	223	32	300
1942	2	1	41	3	8	2	260	35	352
1944	0	1	43	8	23	3	275	22	375
1946	0	0	44	3	3	4	330	32	416
1948	0	0	26	1	2	1	315	43	388
1950	0	2	28	1	8	0	288	30	357
1952	0	6	32	5	4	0	316	42	405
1954	0	2	29	6	11	0	321	43	412
1956	0	0	31	5	1	10	382	19	448
1958	0	0	40	2	4	0	373	20	439

INFANT MORTALITY RATES (1ST DAY-1ST MONTH-1 YEAR, ETC.)

YEAR	UNDER 1	NEXT 1 MO.	UNDER 1 WEEK	OVER 1 WK. UNDER 1 MO.	UNDER 1 MO. (NEO-NATAL)	OVER 1 MO. UNDER 1 YEAR (POST-NEO-NATAL)	UNDER 1 YEAR
1934	11.9	9.5	21.4	5.8	27.2	1.0	45.2
1937	9.7	6.7	16.3	3.5	21.8	1.2	37.5
1940	12.4	8.4	20.8	3.9	24.7	1.4	35.1
1943	9.2	8.3	17.6	3.8	21.5	1.1	30.9
1946	11.6	9.5	21.2	2.6	23.8	1.2	31.0
1949	8.6	10.0	18.6	3.4	21.9	1.1	29.0
1950	8.7	9.7	18.4	3.3	21.8	1.3	27.1
1951	10.4	8.7	19.1	2.6	21.8	1.3	27.0
1952	9.1	9.3	18.4	4.0	22.4	1.6	29.0
1953	8.1	9.9	18.1	2.8	20.8	1.0	25.8
1954	11.2	7.2	18.3	3.2	21.5	1.1	28.6
1955	12.8	7.6	20.4	2.6	22.9	1.8	29.7
1956	11.3	8.6	19.9	3.2	23.1	1.5	30.7
1957	11.1	8.6	19.7	3.0	22.7	1.4	30.1
1958	13.1	8.3	21.4	2.9	24.4	1.9 **	32.2

IN 1914 THE POST NEO-NATAL RATE WAS 59.9 COMPARED TO PRESENT 7.9

INFANT MORTALITY DATA BY WARD & COLOR

WARD	TOTAL BIRTHS	COL. BIRTHS	% OF TOTAL BIRTHS COL.	INFANT MORTALITY DEATHS UNDER 1 YEAR	MORTALITY RATES
NORTH	1,635	285	11%	53	32.4
EAST	1,041	762	41%	58	31.6
WEST	1,399	463	33%	43	37.1
SOUTH	1,778	925	52%	59	33.2
CENTRAL	2,316	1910	83%	113	48.8
NON-RES.	4,646	249	5%	113	24.3
TOTAL	13,615	4617	34%	439	32.2



# INFANT MORTALITY BY COLOR

YEAR	WHITE INF. MORT.	COLORED INF. MORT.	WHITE PER 1,000 - NAT.	COLORED POST. & NAT.	WHITE NEONATAL**	COLORED NEONATAL**
1920	81.7	112.1	7.6	96.0	37.4	66.1
1925		117.1	5.2	89.9	27.2	65.2
1929	49.8	117.7	21.2	70.3	26.5	68.4
1933	39.1	117.3	1.2	42.8	21.9	48.3
1937	34.7	117.2	17.9	37.8	21.6	23.6
1941	36.7	117.1	17.4	32.2	18.3	42.6
1945	27.5	62.6	7.5	21.5	21.1	41.1
1949	27.1	53.6	6.9	31.4	20.7	28.3
1953	31.7	54.6	10.5	20.8	21.2	33.7
1957	25.3	54.5	5.9	11.7	19.4	42.8
1961	22.3	61.9	5.0	17.2	17.3	44.7
1965	23.6	42.1	4.0	10.8	19.6	31.3
1969	21.9	40.8	4.1	8.2	17.9	32.6
1973	23.7	47.4	4.2	14.3	19.5	33.1
1977	24.5	47.0	6.0	11.7	18.6	35.3
1981	24.0	44.6	5.4	12.2	18.6	32.4
1985	22.8	50.9	4.3	14.8	18.2	36.1

\*POST NEONATAL IS OVER 1 MO. BUT UNDER 1 YEAR \*\*NEONATAL IS UNDER 1 MONTH.

\* \* \* \* \*

## BIRTHS--ATTENDANT & PLACE OF DELIVERY

## STILLBIRTHS & MATERNAL DEATHS

YEAR	TOTAL BIRTHS	NON-RES. BIRTHS	HOSPITAL DELIVERIES	HOME DELIVERIES PHYS. MIDWIFE	PER CENT DEL. IN HOSPITALS
1915	10,955	1,238	1,295	4,203	54.14
1927	10,042	1,246	4,895	2,709	2,338
1935	7,638	1,812	6,076	1,047	715
1939	7,950	2,180	7,215	401	234
1943	11,856	3,978	11,230	432	194
1947	12,110	5,206	14,419	211	80
1950	13,174	4,977	12,969	171	34
1952	13,968	5,633	13,783	161	24
1954	14,404	5,700	14,446	135	23
1955	14,343	5,439	14,141	141	21
1956	14,605	5,636	14,426	160	19
1957	14,697	5,414	14,488	134	15
1958	13,615	4,616	13,399	208	8

YEAR	PUER. DEATHS	MAT. MORT. PER 1,000 DEL.	BIRTHS	STILL BIRTHS	STILL BIRTHS PER 1,000 DEL.
1918	53	4.5	11,401	535	44.1
1922	58	5.2	10,493	422	37.6
1926	71	6.5	10,460	437	40.1
1930	67	6.6	9,824	367	36.0
1934	47	5.2	7,565	256	32.7
1938	23	2.8	7,936	247	29.8
1942	22	1.8	12,016	301	24.8
1946	16	1.2	13,427	322	23.4
1950	12	.9	13,174	264	20.9
1952	16	1.1	13,968	264	19.5
1954	13	.9	14,404	266	18.1
1955	6	.4	14,345	310	21.2
1956	3	.2	14,605	311	21.0
1957	5	.3	14,697	289	18.9
1958	7	.5	13,615	281	20.0



## SANITARY BUREAU

Edward A. Smith, Supervising Chief Sanitary Inspector

Although the major portion of our Sanitary Bureau which covered slum clearance of residence rehabilitation, was transferred during 1954 to the City Division of Inspections, the Health Division maintains a staff of ten inspectors, mostly motorized to investigate sanitary complaints and to insure sanitary conditions by enforcement of the Sanitary Code.

This group also regulates rodent and vermin extermination and supervises fumigation with dangerous gases.

<u>Sanitation</u>	Hearings Held(No. of Cases)	113	Nuisances Confirmed	8767
	Cases Prosecuted	427	Notices Served	8767
	Convictions	345	Abstements	8152
	Total Inspections	38,087	Complaints unjusti-	
	Complaints investigated	5,747	fied	749

The nuisances confirmed included hundreds of different conditions. The largest in number were the following:

Heat (Insufficient or				
Defective Equipment)	776	Dog-Cat Conditions-		
Insanitary Housekeeping	290	Barking,Filth,Odors,		
Overcrowding(Insuf.Airspace)	227	etc.	1466	
Accumulations(Garbage-etc.)	1502	Defective Walls-		
Garbage Cans(Insuf-Improper)	640	Ceilings, etc.	1898	
Sewage-Accumulations, etc.	71	Rodent & Vermin Infea	681	
Weeds	207	Cellar Sleeping	41	

License & Permits After inspection and approval, following permits were granted:

Ice Trucks	45	Refuse Trucks	51
Keeping Fowl	96	Animal Permits	2

Fumigation Control Extermination and other procedures by use of dangerous gas is limited to licensed fumigators who must pass a written examination. Every fumigation is then supervised. Work also includes rodent and vermin investigation.

Rummage Sale Fumigations	120	Structure Demolitions	289
Factory & Brewery Fumig.	23	City & Private Dump Insp	6
Vaults Fumigations	48	Total such inspections	295
Freight Cars Fumigations	14		

Rabies Control The same group of inspectors investigates all animal bites (which must be reported), and quarantine the biting animals for ten days. If animal is well at end of that quarantine, it is released and it proves the animal did not have rabies in the infectious stage at time of biting. The bitten person in that case does not need the pasteur treatments (which we provide free for Newark residents when animal has been found to be rabies infected).





During the year, 2,178 bites were investigated (2,072 dogs, 47 cats, 59 other animals). No other animal proved positive for rabies and only one required a course of Pasteur Treatment.

Beginning in 1950, the inspectors of this Bureau are making investigations of all hotels in the City for approval of their applications for certificates of registration.

DOG CONTROL (Licensing - Stray Dog Control, etc.)  
Lawrence Rogers, Supervisor of Dog Control

Prior to 1954 the picking up of stray dogs (all dogs in public must be on a leash) was carried out by the Humane Society. In 1954, this arrangement was changed and greatly improved. The Health Division acquired two dog ambulances of its own, operated by four Dog Wardens (Dog Catchers). The Humane Society is paid approximately \$11,000 per year to supply housing and feeding for all animals picked up by us or brought by owners to be disposed of, etc.

The Shelter Contract, as well as the cost of trucks, equipment and all expenses other than salaries are more than covered by the Dog License Fees (See Financial Report Page).

Dog Licenses Issued \$2.25 each	11,351
"Seeing Eye" Dog Licenses (Free)	8
Pet Shops Licensed	9
Kennel Licenses	40
Dogs Redeemed by Owners	507

The City pays the State 25% out of each license fee and the State provides free rabies vaccine. The City offers free rabies vaccination for each licensed dog, and pays the veterinarians special low fee of \$1.00 for each vaccination. Only by popularizing the annual vaccination of dogs, can we feel confident that our present freedom from rabies will continue. It is now 12 years since rabies occurred here but in 1946 we had 34 rabid dogs, and 21 persons underwent Pasteur Treatment. The compulsory leashing of dogs (all year) was invoked at that time. Under the free vaccination arrangement, 2,797 Newark dogs were vaccinated this year. We hope to increase the number.

The ambulances during the year picked up 2,895 unleashed dogs and also picked up 2,545 stray cats. Owners of dogs picked up may redeem them from the Shelter upon payment of a small fee to the City. The City Sanitation Department trucks pick up dead animals at the Shelter or on the street. Dogs are destroyed if not redeemed in a reasonable time. Those trucks picked up 12,029 dead cats and 8,423 dead dogs during the year.



This Bureau inspects and supervises all phases of production, handling and preparation of food, drugs and cosmetics. It is greatly involved as industry is constantly making changes in processing, handling and distribution. There is a constant change in the foods also, such as dried foods, frozen foods, concentrated foods, etc. The method of packaging, distribution and sale constantly change.

Inspectors constantly watch for false claims or misbranding in the written literature on the packages. The field of adulteration is also broad. As an example, working in close co-operation with the Federal Government, we embargoed a considerable number of cigarettes advertised as being useful in weight reduction. Although the case has not been adjudicated yet, we have every reason to doubt the very flowery claims made for this cigarette. We also feel that a fraud is being perpetrated as these cigarettes sold for \$2.00 for a pack of twenty (20) cigarettes. We also closed a restaurant and a tavern because of extreme unsanitary conditions and adulterated food found on the premises.

We work in close co-operation with the Federal Government and the State Department of Health, and in the enforcement, we make use of Federal laws, State laws and local ordinances.

A large part of our program includes inspectional work covering the quality control of the milk and milk products supply of the city. This program includes periodic inspection of all sources of supplies and the dairies supplying same with milk throughout our entire milk shed, which includes both in-state and out-of-state supplies. In this work, we continued our exchange program with the State Department of Health, which is economical and time-saving and prevents duplication of inspectional work. Included in this milk control program is a continual laboratory control both chemical and bacteriological of milk and milk products. There are seven (7) inspectors assigned exclusively to this milk inspection program.



There are fourteen (14) inspectors assigned to city district work. These inspectors are required to inspect a considerable amount of unsafe or adulterated food and commodities destroyed. The inspectors also carry out a number of public health, sanitizing duties in the preparation of food. All food items are taken for laboratory analysis to determine if same are properly washed and sanitized.

But our progress is more extensive is shown by the following statistics. It will probably increase because, during 1954, the Federal Government started laws controlling all types of food activities. This law includes the Federal Food, Drug and Cosmetic Act. Its provisions are considered unsafe for sale. The act also states that while in the past a food producer could sell a product in his own store until the Government proved it to be unsafe, under the new law, industry must prove to the Government a product of its safety before it is permitted to sell it.

Inspection Report	Inspected	Reinspected	Total	Excluded
Pasteurizing Plants	199	3	202	0
Receiving Plants	285	2	287	0
Dairies	7,730	354	8,084	84
Ice Cream Plants & Counter Vendors	4	23	65	0
Totals	8,056	382	8,648	84

Number of Samples	Bacteriological	Chemical	Total
Ice Cream, Other Frozen Confect.	2,421	2,358	4,779
	113	113	226

#### CITY INSPECTIONS (Total City Inspections - 14,180)

##### Where Food is prepared or cooked

	<u>Places Inspections</u>		<u>Other Food Establishments</u>	
	Places	Inspect.	Places	Inspect.
Restaurants, Lunch Rooms	494	1,518	Confectioneries	6 575
" In taverns	17	-	Misc. Plants	491 774
" Delicat.	33	52	Wagons	368 1,331
" Drug stores	21	95	Groceries	1,005 2,526
Bakeries	160	646	Produce	213 186
Delicatessens	27	309	Drug Stores	144 324

Complaints Investigated ----- 394  
 Notices served--2710; abated-----2328  
 Embargo notices served----- 17  
 Suspected Food Poisoning Invest. 16  
 Hearings---117; Court action----- 19  
 Litteral swab samples----- 763  
 Dipper water samples----- 78

#### MILK LICENSES

Stores---1,317 Vending Machines---87  
 Dealers--- 351 Milk Depot ----- 8



# VETERINARY MEAT INSPECTION BUREAU

John J. Devine, V.M.D.  
Chief Veterinarian

Joseph H. Heerl,  
Chief Meat Inspector

This Bureau is responsible for the inspection of meat and meat products, poultry and fish, as to wholesomeness and fitness as food. We inspect Abattoirs, Meat Processing and Poultry Slaughterhouses, and Wholesale and Retail Lunchrooms, Meat and Fish trucks and Loading Platforms for poultry, and meat and freight cars. It inspects all deliveries of meat, fish and poultry to all city institutions. This work is carried out by a staff of trained meat inspectors and veterinarians with state licenses.

All dressed meats offered for sale in Newark must be slaughtered under U. S. Meat Inspection Service, our own veterinarians or meat inspectors, and veterinarians of communities with approved adequate meat inspection.

The City of Newark Meat Inspection Service is identified with some forty-five Meat Processing Establishments licensed by us.

A Newark Meat Inspection Legend with identifying number is stamped on all products processed in the establishments, where the products are checked for control of temperature, formal compliance, adulteration of meat, and the comminuting, mixing, drying, and curing, smoking, or cooking of products.

In 1966, an ordinance was adopted requiring all poultry processing plants making direct sales into the Newark marketing area, to deposit money in a special poultry inspection fund to defray the expense of inspectors visiting the source of slaughtering and dressing of poultry products.

Much cooperation and work has also been accomplished with testimony before U. S. Senate Committee on Poultry Inspection Hearings with U. S. Dept. of Agriculture Officials, and processors in an attempt to help create a mandatory poultry inspectional service in the United States.

	TOTAL INSPECTIONS AND RE-INSPECTIONS	7446
Abattoirs	144	Wholesale Live Poultry 542
Wholesale meat and dressed		Wholesale Fish 101
Industry including loading		Provisional Plants 1885
Abattoirs	991	Retail Establishments 3407
Refrigeration Plants	51	Out-of-Town Inspections 29
City Institutions & Iceboxes	296	

Condemnations included 40,184 lbs. of live poultry and 26,265 lbs. of meat and fish products. Approved over 290,000 lbs. meat, poultry and seafood in our City Institutions' inspections.

		License Fees	
Samples taken for analysis	509	Poultry Slaughter Houses	30.00
Complaints Investigated	107	Meat Jobbers	1400.00
Notices Served	264	Meat Plants	3650.00
Abatements	209		
Court Cases (Fines \$1925.)	27		





COMMUNICABLE DISEASE BUREAU:

Joseph W. Gurdan, M.D., Physician-in-Charge  
William S. Jennings, Supervising Chief Inspector

EMPHASIS ON POLIO VACCINATION (Immunization)

The year 1938 again showed marked changes in the poliomyelitis situation. We had 54 cases of which 46 had no treatment with Salk vaccine; and of the 46 cases, 24 had paralysis. Of the 8 cases which received Salk vaccine, 6 cases and 5 of the 6 showed absolutely no paralysis. The other case had paralysis of the left hand and left leg. Two of the 8 cases had had 2 doses of Salk vaccine and both showed paralysis involving the right leg.

This is a slight increase in cases which our immunization program could not have hoped to prevent. First of all, early in any newly developed immunization program, there is apt to be a temporary increase in cases for the following reason; immunization protects those who are treated, but it also makes them immune potential carriers of the disease to the unimmunized. The unfortunate adverse publicity given the Salk vaccine has definitely slowed up the acceptance of the protection by the public.

We had a similar experience 30 years ago with Diphtheria, when most of the school age children had been protected and only a small portion of infants and pre school children. There was a definite increase in Diphtheria carried to the younger unprotected brothers and sisters by the older immunized children, who had become immune potential carriers of the disease. It is obvious that every possible effort must be maintained to secure as near complete immunization of both children and adults against the disease, and to maintain that immunization if the disease is to be eliminated.

The following will show the distribution of the cases within our City by sex, color, and the various age groups:

Total cases: 54	Male: 29
44 Cases with paralysis	Female: 25
10 cases no paralysis	
	Colored: 30
	White: 24

Under 5 yrs. of age: 25	Between 10 & 14: 5
Between 5 and 9: 11	Between 15 & 19: 3
Over 20: 10	

Of 54 cases, 46 cases had no Salk immunization; 6 cases had 3 injections and 2 cases had 2 injections.

Of 46 cases with no Salk injections, 41 had some paralysis; 2 died.

Of 6 cases with 3 Salk injections, only one had any paralysis.

Of 2 cases with only 2 Salk injections, 2 had paralysis.

Several interesting facts came to light this past year when representatives from the State Health Department and the Federal Public Health Service worked over an extended period in conjunction with this



## Communicable Disease Bureau (cont'd)

Department to study the polio situation. Blood and stool cultures were taken from hospital cases and stool cultures were repeated on the family contacts over a period of six weeks. It was possible, therefore, with these cultures to classify these cases into one of the three main types, and to prove that the cases were actually poliomyelitis. It is well known that certain cases of aseptic meningitis, infections with the TCHO viruses, and certain other disease could simulate poliomyelitis and even result in paralysis at times. Consequently, the differential diagnosis pathologically through the blood and stool cultures is of immeasurable value.

This intensive program of immunization of all age groups must be continued at any cost, and every facility available should be used to get and maintain 100% immunization throughout our City. We have been greatly aided in our program by the private physicians, the school medical departments, and volunteer adult groups throughout the City who have worked on a non-profit basis primarily for the immunization of adults (20 to 50). The following table shows the 1958 injections:

	<u>1st inj.</u>	<u>2nd inj.</u>	<u>3rd inj.</u>	<u>Total</u>
Public Schools	6824	5711	7147	19,682
Parochial Schools	1583	1612	1597	4,792
Baby-Keep-Well	5885	4996	2424	13,305
Health Dept. Clinic	807	608	404	1,819
Vocational Schools	11	444	455	910
Hospitals	104	126	20	250
Adults	2627	2925	3918	9,470
TOTALS	17841	16422	15965	50,228

Fourth Polio Dose: Recently, a fourth dose of Salk vaccine has been advocated to make certain that immunization has been raised to the highest point possible, and to compensate for any possible loss in potency of the vaccine. This fourth dose should be given at least a full year after the third dose, and would be the same 1cc dose as the present three injections.

Other Diseases: It is exceedingly interesting to note there have been only 25 cases of Whooping Cough this year, the lowest ever. As a matter of fact this disease averaged 1000 to 2000 cases per year prior to our immunization program with the combined Diphtheria-Pertussis-Tetanus vaccine.

Diphtheria has shown only 2 cases since 1949, one in 1950 and one in 1952. This again bears out the remarks made above on the immunization and protection granted over a period of years.

Scarlet Fever: This shows a drop from 449 to 349 cases in the last two years. It is remarkable to note that this disease has changed in character remarkably and is now a very mild disease complex and one that can easily be overlooked and misdiagnosed. It can still account for chronic nephritis, heart disease, and other complications.

Pneumonia: Pneumonia again shows a drop in both the lobar and bronchial form. However, virus pneumonia (pneumonitis) has shown a definite increase; probably due to the fact that physicians have become aware that this form of the disease must also be reported.



Communicable Disease Bureau (cont'd)

IMMUNIZATION RECORD - WHOOPING COUGH, DIPHTHERIA & TETANUS

Year	<u>Whooping Cough Injections</u>			<u>Diphtheria Injections</u>		
	<u>Priv.</u> <u>Dr.</u>	<u>Health</u> <u>Clinic</u>	<u>Total</u>	<u>Priv.</u> <u>Dr.</u>	<u>Health</u> <u>Clinic</u>	<u>Total</u>
1945	4542	3052	7594	6084	3052	9136
1947	6046	3324	9370	6787	3324	10110
1949	5656	3352	8967	5849	3352	9201
1951	3836	2202	6038	3838	2202	6040
1953	4886	3377	8263	4885	3377	8262
1954	5302	3629	8931	5302	3629	8931
1955	4179	3654	7833	4179	3654	7833
1956	3877	4112	7989	3879	4112	7991
1957	2022	3644	5666	2022	3644	5666
1958	1670	4756	6426	1670	4756	6426

TETANUS

(combined with Diph. & Whooping Cough)

<u>year</u>	<u>priv.</u> <u>dr.</u>	<u>health</u> <u>clinic</u>	<u>total</u>
1955	4011	3654	7665
1956	3756	4112	7868
1957	3644	1901	5545
1958	1589	4756	6345

CULTURE STATIONS: Stations are maintained throughout the city for convenience of physicians, where specimens are deposited for collection each day by a culture collector for prompt laboratory examination and reports to the doctors.

	<u>Vinc. Ang.</u>	<u>Cultures</u>	<u>Sputum Jars</u>	<u>Wassermanns</u>	<u>Neisser</u>	<u>Total</u>
Collected	97	103	500	7520	1150	9370
Delivered	90	144	598	7679	1158	9669



# MORBIDITY REPORT 1948-1958

<u>DISEASE</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>11-YEAR NORMAL</u>
Diphtheria **	5	0	1	0	1	0	0	0	0	0	0	0
Scarlet Fever *	345	482	112	135	206	204	142	89	216	449	349	204
Typhoid Fever	1	0	2	0	4	1	1	2	0	2	0	1
Para Typhoid	1	1	0	0	0	1	0	0	11	3	0	1
Tuberculosis	538	536	526	513	480	529	511	490	431	399	402	511
Undulant Fever	3	1	3	1	0	0	0	0	1	0	1	1
Trichinosis	7	3	0	1	2	0	0	0	2	3	1	1
Lobar Pneumonia	452	458	423	351	268	188	171	102	145	193	152	193
Broncho Pneum.	629	654	593	489	542	451	322	374	560	775	677	588
Epidemic Mening.	10	8	9	11	10	18	8	12	8	14	14	10
Infantile Par.**	31	99	40	22	29	34	49	62	9	7	54	34
Whooping Cough***	258	486	761	296	218	258	237	169	84	110	25	237
Measles	4247	5782	2370	3536	11090	262	3434	8833	1379	6488	2158	3536
Erysipelas	28	24	25	9	27	11	5	5	3	6	11	11
Inc. Angina	1174	1148	455	631	275	65	120	76	65	24	7	120
Ophth. Neonat.	45	62	5	5	2	2	3	9	10	2	4	5
Herp. Fever	0	1	0	0	0	0	0	0	0	0	0	0
Dysentery (Amb.)	4	0	0	1	0	0	0	0	0	0	0	0
Trachoma	1	0	0	2	1	0	1	0	0	1	1	1
Influenza	31	32	51	66	35	59	30	20	15	226	34	35
Malaria	2	0	4	0	3	3	1	0	0	0	0	0
Acute Pneumonia	5	58	70	60	25	30	29	29	34	47	114	47
Chronic Throat	2	16	0	2	6	0	4	1	3	4	10	4
Epilepsy	48	28	15	34	31	28	28	54	70	57	71	34
Injec. hepatitis	Not reportable until 1946					9	50	22	52	29	21	22

\*Not reportable until 1946

\*\*Placarded

\*\*\*arm band required

## STATISTICS 1958

Inspectors	2673
Scho Discharges	181
wrong addresses	82
complaints investigated	84
Immunization investigations	12745
Reinspections	366
Supplies delivered, including Salt vaccine advertising material, etc.	1335

TOTAL VISITS

17466

The eleven-year normal is the most accurate method of determining probable incidence. True averages are worth very little as one heavy year would give a high average even if the other ten years had practically no cases. The normal is the year during the past eleven in which there were less cases than five other years, and more cases than the other five years.









CITY DISPENSARY (cont'd)

	1958	1957		1958	1957
Individual Patients	30884	25027	X-Ray Dental Film FCD	15085	14208
Total Prescriptions	64636	56836	" Chest 4"x5" FCD	6713	5782
Doctor Home Calls	5458	5615	" " 14"x17" FCD	1101	824
Nurse Home Calls	4448	2211	Misc. X-Ray Body Work	3131	3404
			Total X-Ray FCD	26030	24218

Home Care of Sick Poor: Doctors made 5358 home calls, paid by the Health Division \$4. for day calls and \$6. for night calls after 11 P.M. Home calls for sick poor by nurses are also paid for by us through the V.I. at \$3. per call. Health Division paid for 4032 and the Relief Department for 316.

Our Neighborhood Dental Clinics (for children only) now total nine in various parts of the City. They serve children unable to pay in both public and private or parochial schools. Our central clinic treats children three days per week and adults two days per week. (See Dental Report)

COCCULATION CLINIC: DR. WILLIAM T. RUMAGE, Physician in Charge-(Domestic Food Handler)

This clinic for years supervised examinations required by Ordinance of all food handlers and domestics. During recent years, however, it was found that among food handlers, we found few unsuspected syphilis cases, and those mostly uninfected, and very few unsuspected tuberculous cases. The Ordinance was therefore amended continuing examinations of domestics only. Food handlers, however, must now take a mandatory course of four lectures conducted by us. This includes management as well as cooks, waiters, etc. The physical examination of the domestics includes chest x-ray for possible tuberculosis, also test for syphilis, and oral test for Vincent's Infection. Temporary cards in suspicious cases until proof of cure is received, or patient is definitely non-infectious, are granted.

During the year 2491 domestics were examined and secured health cards, including 287 who were examined by their own physicians. Temporary cards were issued, including tuberculosis (66) and Vincent's Infection (27). There were 211 rejected for venereal disease. All of these were either cured quickly in the case of Vincent's Infection or non-infectious in the case of Tuberculosis or Syphilis. During the year 45 taxi-drivers and 70 foster parents were also examined, as each examination is required by state law. Most such individuals secure their examination and physical approval by private physicians.



## DENTAL BUREAU

Dr. J.E.H. Guthrie, Dentist-in-Charge

Although the Dental Clinics were always considered a part of the Dispensary, the work has gradually changed from a purely curative clinic, mostly for adults, to a preventative type of health activity to insure better teeth in adult life. The work has been expanded since 1951 so that now we have one large central clinic with 5 chairs (3 hours daily) 3 days for children and 2 days for adults, and ten neighborhood clinics for care of children's teeth. They are located in schools, housing projects and boys' clubs, but serve all the children in both public and parochial schools where parents can not afford to pay.

Three new dental installations are contemplated for 1959. The past year again demonstrated the need for expanded dental service to take care of the backlog of dental cases particularly among pre-school age children. Several Dental Hygienists have augmented our personnel in the following basic work.

1. Dental Health Educational activities in the parochial schools, housing projects, baby-keep-well stations, orphanages, day-centers and dental clinics.
2. Prophylactic care and Oral Hygiene services at the clinics.
3. Administration of records and house-keeping functions of the clinics. They work with assigned registered nurses at other dental stations and schools in a coordinating effort to process new and incremental dental cases to completion on a six months basis.

General screening, case finding and dental health education conducted in the pre-school and school population by a team of Dentist and Dental Hygienist is being planned for 1959.

Plans have been formulated for greater inter-institutional liaison in reference to medical, dental and oral surgical care of cases by utilizing our assigned dental specialists of Endodontics, Oral Surgery and Orthodontics at Martland Medical Center.

The preventive Orthodontic service rendered 648 treatments to 162 children. The Endodontic service gave 331 treatments to 135 different children. Our X-Ray service processed 15,085 dental films.

		1958	1957
Treatments	- Adults	4,720	3,772
	Children	40,386	36,166
	Total	45,106	39,938
Different Patients	- Adults	1,497	1,343
	Children	8,370	6,021
	Total	9,867	7,364

Dental service to adults is limited to emergency care in order to give greater services to more children where the backlog is growing. Initial dental completion and incremental maintenance care and Dental Health Education are the basic concepts of the Dental Public Health Program.



NEW LOW DEATH RATE - 11.6 PER CM

There was a remarkable drop in the death rate from tuberculosis in 1958 with 52 deaths as compared with 72 for the previous year, resulting in a rate of 11.6 per CM, the lowest in the history of Newark. The decline in mortality is the result of intensive control procedures, in addition to the modern chemotherapy. In 1957 the death rate was parallel to that of 1956 although the same chemotherapy was utilized. Closer follow-up with concentration in high incidence areas and strict supervision with convictions of un-cooperative and recalcitrant cases, have been factors in the new low rate.

Ideal factors in a control program are to have a dropping mortality with increasing morbidity as was demonstrated in 1958. Discovery of increasing number of new cases results from intensive efforts to locate them. Morbidity in 1958 was increased to 89.9 from the previous year when the rate was 39.3.

Control of tuberculosis over the years has depended on isolation and treatment of the active case to prevent spread of infection. Tuberculosis is a chronic, long drawn out disease. The major problem is now with patients over forty-five years old, more among males, and with non-whites having a rate about five times greater than whites. Screening has proven an expensive procedure with only a small percentage of active cases found, invariably in moderately and far advanced stages. Tuberculin testing programs are far more economical, and with proper follow-up of positive reactors and contacts has resulted in locating more minimal cases. Fear of radiation exposure due to considerable publicity in the public press, has resulted in lack of co-operation during mobile x-ray drives, which have in recent years been conducted only in high incidence areas.

The tuberculin test will help make the diagnosis before evidence of the disease appears on x-ray. Only positive reactors have to be x-rayed. It is important in locating new cases, and becomes of greater value as the number of negative reactors still increases. It can be considered as a yardstick in measuring control of tuberculosis, and forms a continual case finding program. In routine testing of contacts, conversion of a negative to a positive informs that infection has occurred since the previous test, and prophylactic therapy can be instituted. When a positive reactor is located during a general survey, all known contacts and members of the family are tested and x-rayed. Surveys are now being contemplated in older aged controlled groups (homestics, school teachers, industrial workers.) Testing also has an educational value in families, school personnel, etc.





Positive reactors have been steadily reducing. During 1935 a survey of 997 children revealed among whites 30% positive reactors and among non-whites 56% positive reactors. During 1945, 1800 children tested revealed 11.6% positive reactors and during 1956 a survey of 1674 revealed 11.3% positive reactors. These figures demonstrate the remarkable decline in the number of positive reactors for a period of twenty years.

The unknown case is responsible for a substantial amount of infection. This source is far more dangerous than our known cases. Some patients have been diagnosed but never reported to the public health authorities. A few undiagnosed and untreated cases can start a new epidemic of tuberculosis. Regardless of all case finding methods, many are never located. They have neither been recognized nor diagnosed until just before or after death. Since the advent of chemotherapy, this great hazard has been increasing. The following chart illustrates the percentage of unknown cases in Newark, reported after death.

Per Cent		Per Cent	
1944	24	1952	22
1945	20	1953	29
1946	24	1954	22
1947	22	1955	30
1948	21	1956	39
1949	23	1957	29
1950	37	1958	36
1951	21		

CLINICAL EXAMINATIONS Clinical examinations in the pulmonary division have steadily increased over the years and during 1958, there were 15,840 as compared with 14,397 during 1957. Examinations consist not only of active cases but also of suspected, inactive and all known contacts. They are not restricted to tuberculosis and every form of pulmonary pathology are located clinically or by x-ray. There were 14,220 x-rays as compared with 15,172 in 1957. There was also a marked rise in fluoroscopy from 5,200 to 7,233. Increased effort on tuberculin testing was demonstrated by performing tests on 3,030 children under 15 years of age as compared with 2,041 the previous year. These figures do not include the greater portion of children tested in parochial and public school systems. There was a marked increase in children examined in our clinic for summer camps, 758 as compared with 401 in 1957.

HEART DISEASE CONTROL During the past year 5,607 examinations were made in our Heart Clinic. Electrocardiograms increased to 1,184 from 1,070. Thousands of mercurhydrin injections were given. Classification of cases under treatment is as follows:



Hypertensive-----	795	Pericarditis-----	1
Arteriosclerotic-----	313	Sarcoid Heart-----	2
Rheumatic-----	75	Undiagnosed Manifestation-----	2
Coronary-----	52	Lupus Erythematosus-----	2
Syphilitic-----	26	Anemia-----	1
Unknown-----	26	Cor Pulmonale-----	1
Congenital-----	11	Hypothyroidism-----	1
Hypertthyroidism-----	4	Obesity-----	1
		Sickle Cell-----	1
No Heart Disease-----		267	

HAY FEVER & ASTHMA This special division of our pulmonary service is limited to Upper Respiratory Infections, Allergic and Asthmatic diseases. Patients are tested for sensitivity to food, drugs and many other substances, and are treated for acute and chronic phases of these conditions. There was an increase in 1958 with 2, 804 examinations as compared with 2,722 in 1957.

NURSES ACTIVITIES No control program could be successfully conducted without intensive efforts of the field nurses. Supervision at home of active and suspicious cases, and location of contacts is part of the detailed work of the nursing staff. Knowledge of contagiousness of tuberculosis, isolation of the patient, study of home conditions including cleanliness and diet, form part of the essential factors in prevention of spread. The nurse is also a family advisor and makes arrangements for sanatorium care and treatment of post-sanatorium cases, and acclimates members of the family to existing conditions. During the past year 39,410 visits were made to the homes. Quarantined cases and those unable to come to our clinic for therapy were given 352 injections. These included, in addition to cases under our supervision, those of private physicians who requested therapy. In addition to the activity of our own division, our nurses assisted in extra-curricular work and were active in giving the Salk vaccine injections given during the year.



ADAM - 1958

WATERBURY, CONNECTICUT

Cases of Tuberculosis	8,131
Deaths from Tuberculosis	22,110
Clinic Examinations	15,340
Clinic Examinations	1,07
Clinic Examinations	2,321
Deaths from Tuberculosis	11,226
Deaths from Tuberculosis	7,232
Deaths from Tuberculosis	3,340
Patent Tests	3,030
Patent Tests	2,722
Sputum Examinations	2,722
Electrocardiograms	1,184
Electrocardiograms	552
Comp. of Tuberculosis	758

SANATORIA AND HOSPITAL EXAMINATIONS

Deaths from Tuberculosis	234
Deaths from Tuberculosis	10
Deaths from Tuberculosis	34

PERCENTAGE MORTALITY AND MORTALITY RATE (ALL YEARS)

YEAR	POPULATION	NO. DEATHS	CASES REPORTED	MORTALITY	MORTALITY
	375,000	303	2116	215.1	12.0
	417,651	540	1790	13.4	10.1
	453,300	378	872	33.1	10.1
	466,000	445	1000	101.1	20.3
		316	951	69.5	13.7
		309	503	71.9	10.1
1		247	495	55.3	11.7
1		209	526	47.2	11.7
		60	490	15.3	11.7
		72	401	16.3	10.5
	1,100,000	72	399	16.1	10.3
	1,47,000	52	402	11.6	10.9



# DEATHS (Lapse of time after report case)

No. Cases reported prior to death - within 1 year-----	11-----	21%
1 to 2 years-----	1-----	2
2 to 3 years-----	1-----	2
3 to 4 years-----	3-----	6
4 and over-----	17-----	33
	33-----	64%

No. Cases reported after death----- 19-----36%

# DEATHS BY AGE GROUP 1952 - 1958 (7 year total)

Under 1 year-----	25	45 to 54 years-----	128
1 to 19 years-----	49	55 to 64 years-----	141
20 to 24 years-----	23	65 to 74 years-----	97
25 to 44 years-----	358	75 and over-----	23

# MORBIDITY AND MORTALITY BY WARD

WARD	POPULATION	RECOVERED	PERCENT	DEATHS	MORTALITY per 100 Pop.
Central	91,500	141	154	19	20.7
East	91,000	108	118	19	20.8
South	91,500	51	56	1	1.0
West	85,000	49	58	8	9.4
North	88,000	30	34	3	3.4
NR		23		2	
Total	447,000	402	89.9	52	11.6





Since 1956, when it was 30.7, the infant mortality rate has been rising, until in 1958 it was 32.2. Part of the explanation for the increase in this rate will be found in the fact that the colored infant mortality rate for 1958 was 40.9, 6.3 higher than it was in 1957, and that the colored births constituted one-third of the total births.

The deaths under one week represented two-thirds of the total infant mortality, which may be related to the fact that there has been an increase in illegitimacy, particularly among girls under sixteen years of age. The problem of illegitimacy is becoming more serious each year. The illegitimate births represented over 7% of the total births in 1958. Especially disturbing is the increase in the number of very young girls having illegitimate infants. This problem is definitely a community one and cannot be dealt with successfully by any one agency.

In the face of the rise in infant mortality we regret very much that there has been no increase in the nursing staff of the Bureau nor have vacancies occurring in the nursing staff been filled as rapidly as they should be.

The maternal mortality rate, too, was higher in 1958 - .5 per 1,000 deliveries as against .3 in 1957. However, when we compare the 1958 rate with that of a number of years ago, we find that the 1958 rate was still very low.

In 1958, 98.2% of all births were delivered in hospitals and only 8 births were delivered at home by midwives. At one time about 50% of all births were delivered by midwives.

The nurses in the course of their regular visits to mothers instruct them in the danger of accidents among young children due to poisons and they advise mothers, should such accidents occur, to send for a doctor promptly or to telephone the Poison Center at the Babies' Hospital.

We have continued our arrangements for special care of premature infants at the Premature Center at Babies' Hospital. 163 premature babies born at Martland Medical Center were referred to the Center during 1958. This service has been of great value both to the mothers and to the babies.

The need for more adequate day-care for children continues. Some progress has been made by the establishment of a Day-Care Center in the Hayes Homes Housing Project recently. We wish to recommend that such Centers be established in all the housing projects in the City and that the Department of Public Welfare arrange for their proper staffing. While the housing projects could meet a good part of this need for day-care for children, additional provision for such care is still required, especial for children under three years of age who are not cared for either in day nurseries or in nursery schools. A continued effort must be made, therefore, to obtain adequate care and facilities for these children.

In 1956 I recommended very strongly that the Department of Public Welfare should assume responsibility for the boarding care of children. This recommendation was made because of the realization that case-work services were needed for the individual mothers placing their children in private care. With the stresses of family life today this recommendation should be given careful consideration.



## Child Hygiene Bureau (Cont.)

### Boarding Home Report

Total Number of Homes Licensed during Year - 78  
Overnight Care - 13; Combined Care - 17; Day Care - 48

Licensed Homes Closed during Year - 7; Applications Rejected during Year - 3

There are also 19 day nurseries (philanthropic,) nursery schools, and day-care centers under our supervision.

### Nurses' Activities

Supervised Babies born during Yr. - 7,640; Total Supervised under 2 Years - 17,205

Nurses' Visits to Homes	- 90,872;	Mothers' Visits to Stations	- 14,363
No. Babies Attending Stations	- 4,403;	Mothers' Visits to Prem. Center at Babies' Hospital	- 893

Injections for D.P.T.	- 12,809;	Injections with Salk Vaccine	- 13,688
Booster Injections for D.P.T.	- 804;	Smallpox Vaccinations	- 5,112
Patch Tests (TB)	- 394		

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CHILD HYGIENE, PAROCHIAL SCHOOLS SECTION - Mary J. Hoban, R.N., B.S., M.A.  
Nursing Supervisor

The Newark Division of Health provides medical inspection, health education, and health services for the approximately 16,800 elementary and secondary school children who attend the 32 local parochial schools. This service is supplied for public school children by the Board of Education.

The objective of the school health program is positive health for all school children, which includes meeting the child's physical, mental, and emotional needs. These needs are met through the cooperation of the staff and community resources.

Many health problems and defects have been discovered through medical examinations and nurses' inspections. The parents of the children are invited to these sessions so that they can learn the importance of having defects corrected. It is the nurse's responsibility to follow-up the defects until they are corrected or remedied.

During the entire school life of the child, a cumulative health record is kept. All children are required to be vaccinated and immunized. Re-immunization is recommended every four years, until the child is ten years old. Schick Tests are done only if proof of immunization is unobtainable. Children who have positive Schick Test reactions are required to complete the immunization series. 240 chest x-rays were taken as follow-up of positive Patch Tests. All parents are notified before their children are immunized or given any tests.

During the year an Eye Clinic was opened at the City Dispensary



## Child Hygiene, Parochial Schools Section (cont'd)

for medically indigent parochial school children, to which a nurse from the Parochial Schools was assigned. 165 children were examined at this clinic and glasses prescribed for those requiring them.

A Home Nursing Instruction Course is conducted in the high schools for senior girl students. These students receive credit for the course which is applied to their scholastic record. Lectures on health education are given to secondary school students by the nurses upon the request of the principals. In the elementary grades short classroom talks are given by the nurses. Many of the nurses are active in the Parent-Teacher Associations and are often requested to give talks on various aspects of health.

### Defects Found:

The greatest number of defects found are naturally dental conditions, although our vision testing program has also shown many in need of treatment and glasses. Following table gives types of defects found and the number corrected or cured. Where the cures outnumber the defects, it is the cures of conditions found in the previous year.

		<u>Defects Corrected</u>		<u>Summary of Activities</u>	
		<u>found</u>	<u>or cured</u>		
Dental	--	4228	6767	Examinations by nurses,	
Vision	--	1565	1665	weight, vision, hearing teeth,	
Skin	--	772	998	etc.	-- 18390
Nose & Throat	--	518	543	Examinations by physicians,	
Cardiac	--	125	123	in clinics or school	-- 6439
Pediculosis	--	474	422	Treatments by private or	
Nutrition	--	488	244	clinic physicians-our	
Personal Hygiene	--	433	409	recommendations	-- 4547
Ears - Hearing	--	216	103	Dental exams & Treatments	
Other conditions	--			Private	-- 3292
such as defective				Clinic	-- 3909
speech, ortho. de-				Class inspections & talks	
fects, emotional up-				by nurses- number of	
set, poor posture, etc.	4000	3182		children	-- 62894
-----					
<u>Vaccinations &amp; Immunizations</u>					
Smallpox 117; Dip-W.C.-Tet. 167;				Nurse conferences by	
Schick tests 263; Patch tests 4614;				nurses with principal,	
Salk Vacs. 4661; Booster doses 3005.				teacher or parent	-- 53082
*****					
Audiometric Screen. tests (nurses)				Home visits & phone calls	-- 7683
7487; - Hearing Losses - 310				School exclusions, defects,	
				dis., etc.	-- 3911
Vision Tests by Optometrists - 2718				Other individual services	
Vision Losses - 563				such as vaccination, patch	
				test, 1st aid	-- 23633
				Home Nursing classes in	
				secondary schools (about 20	
				girls in each sr. class)	-- 249



In 1958 a reversal in the trend of the types of syphilis reporting to our clinic for therapy was dramatically demonstrated. The 1957 type of massive street corner related surveys were not conducted in 1958. This would account for the conspicuous decrease in the number of new cases of non-infectious syphilis reported from Newark and the simultaneous increase in the total number of patients treated and the total number of treatments given. However, the aster in the tabulation labeled "Total New Patients Treated" indicated that so many patients who had active infections of syphilis and who required therapy as contrasted to those dormant cases which are picked up in the types of surveys previously conducted and whose treatments are of a less aggressive type.

This year 76 patients were admitted to our clinic with primary and secondary syphilis. This represents an highly infectious stage of the disease. In addition 69 patients were admitted to the clinic with early latent syphilis which, while not in itself an infectious stage, can very easily deteriorate into an infectious status. This group of 145 infections or potentially infectious syphilitics represents a threat to the health of Newark, and our investigating staff has been continually active in checking all the contacts of these individuals.

The treatment of syphilis has been further simplified and its efficacy increased. We are therefore able to render every infectious case non-infectious by one injection given during the very first visit to the clinic. While it is still necessary for us to maintain contact and follow-up care with these individuals, we can immediately eliminate a source of infection which otherwise could easily spread the disease to numerous other individuals.

Gonorrhea indicated the same upward trend discussed above relative to infectious syphilis. There were almost 400 new gonorrheal patients in 1958 than were treated in 1957 which, at first, represented a definite increase over the number of newly infected gonorrheal patients in 1956. This rise in gonorrhea infections is representative of a trend throughout most of the large cities in the country.

That section of the chart entitled "Sources of Infection" indicates the greatly increased number of patients who indicated for possible venereal diseases as compared to the preceding years from 1956 on. This highly increased activity was necessitated by the rise in numbers of patients newly infected with syphilis and gonorrhea. It was our desire to forestall any focus of infection of either disease, and toward this end all the investigators worked far beyond their required hours and duties. The fact that the investigators were known to be circulating in certain sections of the City and among certain groups of individuals who represented the focus of infection prevented many individuals whom we would have had no cause to investigate to come into the clinic on their own. These individuals were frequently infected and enabled our work to progress even more satisfactorily.

While our Division treats all those infected with venereal diseases without regard to their ability to pay for the care of private physicians, our Skin Clinic care is reserved only for indigent patients. The industrial recession with its increase of unemployment and subsequent indigency was reflected in the marked increase of our Skin Clinic cases, where almost 400 more new patients were admitted than in 1957 and more than 1000 additional treatments were administered as compared to the 1957 statistics.









HEALTH LABORATORIES

Carl Cordasco, B.S., Reg. Ph. G. Chief Supervisor  
 Chief Serologist - Meyer Levy, B.Sc.  
 Chief Chemist - Sara Rothberg, BA.  
 Chief Bacteriologist - Fred Coltrell

These laboratories make food, milk and water examinations for the Health Division, and diagnostic tests for local hospitals, physicians and Health Division Clinics.

<u>Bacteriological</u>	<u>Total</u>	<u>Positive</u>	<u>Serological &amp; Hematol.</u>	<u>Total</u>	<u>Positive</u>
Diphtheria Cult.	99	0	Prenatal Tests (Mazzini)	4086	170
T.B. Sputa	4324	256	Prenatal tests "	2206	76
Typhoid Stool Tests	42	6	Domestics "	2299	128
Darkfields	44	7	Priv. Doctor "	9350	773
Para Typh A & B	0	0	Dispensary "	4777	399
Dog Brain Exam (Rabies)	42	0	Ven. Dis. Clin "	4567	2185
Vin. Angina Smears	160	31	Quant. Tests "	3274	2170
Trich. Vag.	1208	412	Hospital tests "	<u>11,652</u>	<u>1011</u>
Gonorrhoea Smears	9190	1923			
Gonorrhoea Cultures	3378	223	Total Mazzini	42,211	6,912
Exam. for Und. Fever	4	1			
Ophthalmic Gon.	86	6			
Water Examinations	138		Confirmation Wassermann	12,135	
Milk & Cream Exam.	3204		R.H. Factor Determ.	3,153	
Shell Fish "	74		Spinal Fluids (Wass)	868	
Ice Cream "	108		Heter. Antib. Deter.	68	
Misc. Foods & Other Exams-			Misc. (Urinex, Sed. Rate,		
Swabs for utensils,			C.B.C., Gold Curve		
Rinse water, Pollen Cts.			Cell Ct., Bld. Sugars		
T.B. Cultures, etc.	<u>1319</u>		Clot & Sl. Time, etc)	<u>6,073</u>	
Total	23,420		Total	22,297	

<u>Chemical</u>	<u>Total</u>
Milk Samples	2152
Cream Samples	584
Ice Cream Samples	128
Water "	4
Meat "	437
Misc.	34
Phosphotase Tests for Milk Past.	<u>2152</u>
Total	5,491

Note: Special examinations included horse meat, added sulphites, excessive fat content in meats; artificial coloring and flavoring, fat percentages, oils, etc. as well as routine tests of swimming pool water for free chlorine, etc.

Grand Total Tests of all Labts. 93,419





